

# 2026

## Employer Group Waiver Plan Enrollment Kit

### MEDICARE SECURE (HMO)

Thank you for considering Health New England Medicare Advantage as your health plan. This enrollment kit will give you all the important information you need to know.



**Health New England**  
*Where you matter.*



# What's in this Guide?

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This enrollment guide will give you all of the important information you need. We've organized this booklet into color coded sections to help make it easy for you to find what you need. Below is an outline of the information you will find in each section.

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# How to Contact Health New England and Other Important Information

Should you have questions, you can connect with our knowledgeable and friendly Medicare Plan Specialists who are available to provide you with the information you are looking for. We are glad to help you.

## Medicare Sales Team/Member Services

Local: (413) 787-0010  
Toll-Free: (877) 443-3314  
TTY: 711

## Hours

8:00 a.m.—8:00 p.m.  
Monday—Friday  
(Oct. 1—Mar. 31: 8:00 a.m.—8:00 p.m.,  
seven days a week)

## For Prospective Members

Email our Medicare Sales team at [msupport@hne.com](mailto:msupport@hne.com) with your questions. A Medicare Plan Specialist will respond to you directly.

## For Current Members

Email our Member Services team at [memberservices@hne.com](mailto:memberservices@hne.com) with your questions. A Member Services Representative will respond to you directly.

## Mailing Address

Health New England  
Attn: Medicare Advantage  
One Monarch Place  
Suite 1500  
Springfield, MA 01144-1500

## Website

[healthnewengland.org/medicare](http://healthnewengland.org/medicare)

## Prescription Drugs

Toll-Free: (800) 393-0395  
TTY: 711  
24 hours a day, seven days a week

## Medicare (U.S. Government Office)

Toll-Free: (800) 633-4227  
TTY: (877) 486-2048  
24 hours a day, seven days a week  
[medicare.gov](http://medicare.gov)

Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. For accommodations of persons with special needs at meetings, call (877) 443-3314 or TTY 711. Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity). ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call (413) 787-0010 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluyendo embarazo, orientación sexual e identidad de género). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-0010 o TTY 711. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo (incluindo gravidez, orientação sexual e identidade de gênero). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-0010 ou TTY 711. For our full Notice of Nondiscrimination and Accessibility, go to [healthnewengland.org/notice](http://healthnewengland.org/notice) or call (413) 787-0010, TTY 711. To file a marketing complaint, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. Provide agent or broker name, if possible, when calling.

# Thanks For Your Interest

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Congratulations on taking the next step to ensure you have the right health care coverage by considering a Health New England Medicare Advantage plan.

You can count on us to help you through the process so you can make the most informed decision about your Medicare coverage. As the only local Medicare plan based in Western Massachusetts, we are here for you every step of the way. Talk with one of our Medicare Plan Specialists\* and we will guide you to the choice that is best for you.

## Informational Sessions

Learn about the different parts of Medicare, Medicare eligibility periods, Part D prescription drug coverage and Health New England Medicare Advantage plans by joining an in-person or online Medicare informational session. All upcoming sessions are listed on our website at [healthnewengland.org/medicare/sessions](http://healthnewengland.org/medicare/sessions).

We look forward to getting to know you and helping you choose the Medicare plan that's right for you. Thank you for your interest in Health New England.

## Meet Your Local Medicare Team



**Sarah**



**Carla**



**Lee**



**Michelle**

**Sarah A. Fernandes**, Manager, Medicare Sales and Retention\* Sarah has been with Health New England since 1999, and has a deep knowledge of Medicare and a strong commitment to customer service.

**Carla Figueroa**, Medicare Plan Specialist\* Carla joined Health New England in 2004 and is one of our dedicated Medicare representatives for Hampden, Hampshire and Franklin counties.

**Lee Jaggi**, Medicare Plan Specialist\* Lee joined Health New England in 2012, and is our dedicated Medicare representative for Berkshire County.

**Michelle Eldridge**, Medicare Plan Specialist\* Michelle joined Health New England in 2013 and is one of our dedicated Medicare representatives for Hampden, Hampshire and Franklin counties.

*\*Licensed health insurance sales representative*



# Plan Overview and Summary of Benefits

## 1

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The Plan Overview gives you a quick view of the plan's copayments and coverage, as well as additional benefits.

The Summary of Benefits provides an in-depth explanation about the plan.

Additional information about our benefits and programs is available in the Benefits, Allowances and Programs section of this booklet.

# Employer Group Waiver Plan Overview Chart—Calendar Year 2026



## Medicare Secure (HMO)

MONTHLY PLAN PREMIUM	Contact your Account Executive for Premium Rates
Medical Deductible	\$0
Annual Preventive Exam	\$0
Office Visits	\$15
Specialist Office Visits	\$15
Lab Work/X-rays	\$0
Diagnostic Imaging (MRI, PET, CT Scans) <sup>1</sup>	\$50
Durable Medical Equipment/Prosthetics <sup>1</sup>	\$0
Teladoc <sup>4</sup>	\$0
Worldwide Emergency Room (ER)	\$65
Inpatient Hospital	\$300 per admission
Outpatient Surgery <sup>1</sup>	\$150
Medical Out-of-Pocket Maximum	\$3,400
ADDITIONAL BENEFITS	
Over-the-Counter (OTC) Items Allowance <sup>5</sup>	\$40 allowance per quarter via Additional Benefits Card
Routine Hearing Exam—NationsHearing <sup>® 2,3</sup>	\$0
Hearing Aid Benefit—NationsHearing <sup>® 3</sup>	\$699 copay per aid for Advanced Aids   \$999 copay per aid for Premium Aids
Routine Eye Exam—NationsVision <sup>® 2†</sup>	\$0
Vision Eyewear Allowance—NationsVision <sup>® 2†</sup>	\$200 every two years
Dental Services Allowance <sup>2</sup>	\$250 allowance per year via Additional Benefits Card
Fitness Center/Weight Management Programs/ Acupuncture/Activity Tracker/Transportation <sup>2</sup>	\$150 allowance per year via Additional Benefits Card
Travel Benefit	N/A
PRESCRIPTION DRUG (PART D) COVERAGE <sup>6</sup> (NOTE DRUG TIERS ARE AS FOLLOWS: TIER 1 PREFERRED GENERIC   TIER 2 GENERIC   TIER 3 BRAND/PREFERRED   TIER 4 BRAND/NON-PREFERRED   TIER 5 SPECIALTY)	
Deductible—Applies to Preferred Brand, Non-Preferred Drug, Specialty Medication	No Deductible
Initial Coverage: Up to \$2,100 in Drug Costs	Preferred Generic: \$0 preferred pharmacy/\$4 standard pharmacy; Generic: \$5 preferred pharmacy/\$10 standard pharmacy; Preferred Brand: \$20 preferred pharmacy/\$25 standard pharmacy; Non-Preferred Drug: \$40 preferred pharmacy/\$45 standard pharmacy; Specialty Tier: \$45 preferred pharmacy/\$50 standard pharmacy
Catastrophic Coverage: Over \$2,100 in Drug Costs	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.
Mail Order (three-month supply)	\$8 Preferred Generic   \$20 Generic   \$50 Preferred Brand   \$135 Non-Preferred Drug

# Disclaimers

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Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal.

<sup>1</sup>Some services require prior authorization (PA). Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from Health New England on your behalf. For a complete list of services that require prior authorization, refer to the summary of benefits.

<sup>2</sup>Health New England additional benefits include allowances that must be used within the one or two calendar year period, as well as other additional benefits. Transportation must be to plan-approved providers and locations, with prior approval required through NationsBenefits<sup>®</sup>. Refer to the Summary of Benefits or call Member Services if you have questions about what items and services are covered.

<sup>†</sup>You must use an NationsVision<sup>®</sup> provider to use this benefit.

<sup>3</sup>You must see a NationsHearing<sup>®</sup> provider to use this benefit. Please note, hearing aids purchased through other providers are not covered.

<sup>4</sup>You must use Teladoc<sup>®</sup> service to receive this benefit.

<sup>5</sup>The OTC benefit can be redeemed at certain retail locations and through mail order via the NationsBenefits<sup>®</sup> website, app and catalog. Quarterly allowance expires every three months and does not accumulate.

<sup>6</sup>For questions related to Prescription Drug coverage, please call our pharmacy benefit manager OptumRx at (800) 393-0395, 24 hours a day, 7 days a week. TTY users should call 711.

Preferred Pharmacy Network: CVS, Big Y, Walmart and Baystate Health. Other pharmacy providers are available in our network.

Mail Order: Preferred Network Mail Order includes two pharmacies: OptumRx and WellDyneRx.

Drug Tiers are as follows:

Tier 1 Preferred Generic | Tier 2 Generic | Tier 3 Brand/Preferred | Tier 4 Brand/Non-Preferred | Tier 5 Specialty

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity). ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call (413) 787-0010 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluyendo embarazo, orientación sexual e identidad de género). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-0010 o TTY 711. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo (incluindo gravidez, orientação sexual e identidade de gênero). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-0010 ou TTY 711. For our full Notice of Nondiscrimination and Accessibility, go to [healthnewengland.org/notice](http://healthnewengland.org/notice) or call (413) 787-0010 (TTY: 711). Representatives are available 8:00 a.m. to 8:00 p.m., Monday through Friday (October 1 through March 31: 8:00 a.m. to 8:00 p.m., 7 days a week).

# 2026 Summary of Benefits—HMO with Rx

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January 1, 2026 — December 31, 2026

## Health New England Medicare Advantage Employer Group Waiver Plan

- HMO Plan with Part D Prescription Drug Coverage:
  - Health New England Medicare Secure (HMO)  
Employer Group Waiver Plan



# Pre-Enrollment Checklist

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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Health New England Medicare Plan Specialist at (413) 787-0010 or (877) 443-3314 or TTY: 711. We are open from 8:00 a.m. to 8:00 p.m., Monday through Friday (October 1 through March 31: 8:00 a.m. to 8:00 p.m., seven days a week).

## Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [healthnewengland.org/medicare/eoc](http://healthnewengland.org/medicare/eoc) or call (413) 787-0010 or (877) 443-3314 or TTY: 711 to order a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2027.
- Except in emergency or urgent situations, Health New England Medicare (HMO) plans do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

- The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services call Member Services at 1-413-787-0010 or toll free at 1-877-443-3314 (TTY users call 711). Hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. (October 1 through March 31: 8:00 a.m. to 8:00 p.m., 7 days a week. This call is free.

### **You have choices about how to get your Medicare benefits**

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Health New England Medicare Secure (HMO) Employer Group Waiver Plan**).

### **Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what **Health New England Medicare Secure (HMO) Employer Group Waiver Plan** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call (877)486-2048.

### **Sections in this booklet**

- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Inpatient and Outpatient Care and Services
- Prescription Drug Benefits
- Additional Services

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at (413)787-0010 or toll free (877)443-3314, (TTY users call: 711).

### **Things to Know About Health New England Medicare Secure (HMO) Employer Group Waiver Plan**

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

### **Health New England Medicare Secure (HMO) Employer Group Waiver Plan Phone Numbers and Website**

- Questions call us at (413)787-0010, toll free (877)443-3314 or (TTY users call: 711).
- Our website: [www.healthnewengland.org/medicare](http://www.healthnewengland.org/medicare)

### **Who can join?**

To join **Health New England Medicare Secure (HMO) Employer Group Waiver Plan**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and the Employer must be located in our service area (Berkshire, Franklin, Hamden, and Hampshire counties), however the employee must live in our service area which includes Hartford, and Tolland Counties in Connecticut.

## Which doctors, hospitals, and pharmacies can I use?

**Health New England Medicare Secure (HMO) Employer Group Waiver Plan** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website [www.healthnewengland.org/medicare](http://www.healthnewengland.org/medicare).

Or, call us and we will send you a copy of the provider and pharmacy directories.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.healthnewengland.org/medicare](http://www.healthnewengland.org/medicare).
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. There are 3 drug payment stages: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. Later in this document we discuss the benefit stages in detail.

**If you have any questions about this plan's benefits or costs, please contact Health New England Medicare Advantage for details at (413)787-0010, toll free (877)443-3314 or TTY: 711.**

## SUMMARY OF BENEFITS

<b>Monthly Plan Premium</b>	<p>Your coverage is provided through a contract with your employer group. Please contact the Benefits Administrator for information about your plan premium.</p> <p>You must keep paying your Medicare Part B premium.</p>
<b>Deductible</b>	<p>This plan does not have a medical deductible.</p>
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$3,400 for services you receive from in-network providers. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

## INPATIENT AND OUTPATIENT CARE AND SERVICES

<b>Inpatient Hospital Coverage</b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$300 copay per admission with 3-copay maximum</li> <li>• There is a \$900 out-of-pocket limit every year.</li> </ul>
<b>Outpatient Hospital Coverage<sup>1</sup></b>	<p>\$0-\$150 copay, depending on the service</p> <p>The copayment range for Outpatient Hospital Services describes the varying cost share based on the services provided. The minimum copayment applies to services related to the monitoring of Coumadin treatment. The maximum copayment applies to all other outpatient hospital services.</p>
<b>Ambulatory Surgical Center (ASC)<sup>1</sup></b>	<p>\$150 copay</p>
<b>Doctor's Visits</b>	<p>Primary care provider: \$15 copay  Specialist visit: \$15 copay</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

<b>SUMMARY OF BENEFITS</b>	
<b>Preventive Care</b>	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency Care</b>	\$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Includes worldwide coverage.
<b>Urgently Needed Services</b>	\$15 copay Includes worldwide coverage
<b>Diagnostic Services/Labs/Imaging<sup>1</sup></b>  <i>(Costs for these services may be different if received in an outpatient surgery setting)</i>	Diagnostic tests and procedures: You pay nothing Lab Services: You pay nothing Outpatient X-Rays: You pay nothing Diagnostic imaging (CT scans, MRIs, MRAs, PET Scans, sleep studies, nuclear cardiology): \$50 copay
<b>Hearing Services</b>  <b>Hearing Aids</b>	Routine hearing exam (for up to 1 every year): You pay nothing Exam to diagnose and treat hearing and balance issues: \$15 copay \$699 copay per aid for Advanced Aids \$999 copay per aid for Premium Aids Up to two Hearing Aids per year. You must see a NationsHearing provider to use this benefit.
<b>Dental Services<sup>1</sup></b>	Limited dental services (dental care required to treat illness or injury): \$15-\$150 copay, depending on the service. Our plan has a \$250 annual allowance for Dental Benefits. See the "Additional Services - Additional Benefits Card" section for more information.
<b>Vision Services</b>	Routine eye exam (for up to 1 every year): You pay nothing You must see a NationsVision provider to use this benefit Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 - \$15 copay, depending on the service Our plan pays up to \$200 every two years for eyewear.
<b>Mental Health Care</b>	Inpatient visit: \$300 copay per admission with 3-copay maximum Outpatient individual therapy visit: \$15 copay Outpatient group therapy visit: \$15 copay

## SUMMARY OF BENEFITS

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

### PRESCRIPTION DRUG BENEFITS<sup>2</sup>

There are **three drug payment stages**: the Yearly Deductible Stage (if applicable), the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Manufacturer Discount Program is also available to you. This program is when the drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Cost may differ based on the pharmacy. Our plan has preferred pharmacies which offer lower copays for drugs compared to a standard pharmacy.

#### Deductible

Not Applicable

#### Initial Coverage

During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost**. Once you have paid \$2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). You may get your drugs at network retail pharmacies and mail order pharmacies.

#### Preferred Retail Copays

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$5 copay	\$10 copay	\$15 copay
Tier 3 (Preferred Brand)	\$20 copay	\$40 copay	\$60 copay
Tier 4 (Non-Preferred Drug)	\$40 copay	\$80 copay	\$120 copay
Tier 5 (Specialty Tier)	\$45 copay	Not Applicable	Not Applicable

#### Standard Retail Copays

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 3 (Preferred Brand)	\$25 copay	\$50 copay	\$75 copay
Tier 4 (Non-Preferred Drug)	\$45 copay	\$90 copay	\$135 copay
Tier 5 (Specialty Tier)	\$50 copay	Not Applicable	Not Applicable

## SUMMARY OF BENEFITS

### Mail-Order Copays

Tier	Three-month supply
Tier 1 (Preferred Generic)	\$8 copay
Tier 2 (Generic)	\$20 copay
Tier 3 (Preferred Brand)	\$50 copay
Tier 4 (Non-Preferred Drug)	\$135 copay
Tier 5 (Specialty Tier)	Not Applicable

- If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
- If you request and the plan approves a formulary exception, you will pay Tier 4: Non-Preferred

### Catastrophic Coverage

The Catastrophic Coverage Stage is the third and final stage. After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,100, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

### Part D Insulins

You will pay \$35 or less for a 30-day supply of a covered insulin product at any in-network Pharmacy. This applies across all phases of prescription drug coverage. If you received a 90-day supply of a covered insulin product, your costs cannot be more than \$105 (or \$35 for each month's supply). The cost of a 90-day supply through mail order may differ based on the pharmacy type or status. Please refer to your 2026 Formulary.

## ADDITIONAL BENEFITS

### Additional Benefits Card

Our plan gives you access to a variety of additional benefits designed to support your overall well-being, through NationsBenefits®. You will receive a Benefits Mastercard® Prepaid card, administered by NationsBenefits® with your annual Dental allowance, and Wellness allowance. Use this card for: dental services, fitness activities, weight management programs, acupuncture, an activity tracker, and plan-approved health-related transportation.

For over-the-counter (OTC) care items, funds are uploaded quarterly, and expire at the end of each quarter (see the below for more information). Please refer to your plan materials or Evidence of Coverage (EOC) for more details.

## SUMMARY OF BENEFITS

	<p>Allowance amounts for this plan are:            \$150 annually for Wellness            \$250 for the Dental Services</p>
<b>Ambulance<sup>1</sup> (Ground &amp; Air)</b>	<p>\$75 copay            Ambulance transportation limited to Medicare covered medically necessary ambulance services. Chair Vans are not covered.            Authorization required for non-emergency Medicare services.</p>
<b>Chiropractic Care</b>	<p>\$15 copay            Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</p>
<b>Home Health Care<sup>1</sup></b>	<p>You pay nothing</p>
<b>Hospice</b>	<p>Our plan covers hospice consultation services (one time only) for a terminally ill person who hasn't elected the hospice benefit<sup>1</sup>: You pay nothing            You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>
<b>Meal Benefit</b>	<p>If you are discharged from an inpatient hospital, or a skilled nursing facility stay, you may qualify to receive up to 28 fully-prepared, nutritious home-delivered meals (2 meals per day for 14 days) by a plan approved vendor at no cost.</p>
<b>Medicare Part B Drugs<sup>1</sup></b>	<p>For Part B drugs such as chemotherapy drugs: You pay nothing            Other Part B drugs: You pay nothing</p>
<b>Outpatient Substance Abuse</b>	<p>Individual therapy visit: \$15 copay            Group therapy visit: \$15 copay</p>
<b>Over-the-Counter (OTC) Care</b>	<p>\$40 allowance every three months on your Additional Benefits Card. The allowance can be used for specific OTC products from a retail pharmacy or mail order (NationsBenefits website or catalog). Allowance expires at the end of each quarter.</p>
<b>Renal Dialysis</b>	<p>You pay nothing</p>
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>• You pay nothing per day for Days 1 through 5.</li> <li>• \$75 copay per day for Days 6 through 50.</li> <li>• You pay nothing per day for Days 51 through 100.</li> </ul> <p>No prior hospital stay is required.</p>

## SUMMARY OF BENEFITS

<b>Telehealth Services</b>	Teladoc: You pay nothing Primary Care Physician: You pay nothing Specialist: You pay nothing
<b>Therapy<sup>1</sup></b>	Occupational therapy visit: \$15 copay Physical therapy visit: \$15 copay Speech and Language therapy visit: \$15 copay

<sup>1</sup>Prior authorization may be required for certain covered medical and hospital benefits

<sup>2</sup>Health New England Preferred Mail Order Pharmacies: OptumRX® and WelldyneRX®

Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal.



# Benefits, Allowances and Programs

## 2

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Health New England is committed to meeting your health care needs. So, in addition to providing coverage for medical services, we also offer additional benefits, allowances and programs to help you stay healthy and improve your overall well-being.

Medicare Advantage members have access to various tools and clinical programs to help you seek care, manage complex health conditions, and manage your medications.

### NEW for 2026!

- **Enhanced Preventive Care Incentives.** In 2026, get rewarded for completing the following: Annual Well-Care Visit or Physical Exam, Health Assessment, and Home Visit with Signify Health.
- **New Additional Benefits Card vendor for 2026 (NationsBenefits®)** with added Wellness allowances—see full details in this section.

# Benefits, Allowances & Programs<sup>1</sup>

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## Beyond basic health care benefits

### Hearing Aids\*

Save thousands of dollars with our hearing aid benefit through our new vendor, NationsHearing®.\* Health New England Medicare Advantage Employer Group Waiver Plans cover up to two hearing aids per year (one per ear) when purchased through NationsHearing, with a copayment of \$699 per aid for the Advanced option or \$999 per aid for the Premium option. NationsHearing offers a robust selection of state-of-the-art hearing aids with features like Bluetooth® compatibility, direct-to-smartphone streaming, TV connectivity, and recharge-ability. Call NationsHearing to learn more at **(877) 465-9035 (TTY 711)**, 8:00 a.m. to 8:00 p.m., seven days a week. For full details, see the NationsHearing flyer at the end of this section.

### Hearing Exams\*

All of our plans cover one supplemental routine hearing exam per calendar year with \$0 copay. You must obtain this service from a NationsHearing provider.

### Nutritional Counseling

Our plans provide nutritional counseling and medical nutrition education. This benefit is available to all members and includes up to four one-hour visits per calendar year at \$0 copay. You can obtain this service from in-network providers and they will bill Health New England for the service.

### Physical Exam & Well-Care Visit\*\*

Preventive care and annual physical exams are key to staying healthy. That's why Health New England Medicare Advantage members are covered at \$0 copay for both an annual well-care visit and a comprehensive physical exam with your primary care provider (PCP) once every 12 months.

Health New England is offering members an enhanced incentive of \$25 for completing either an annual well-care visit or annual physical exam. **NEW for 2026:** Once you have either a physical exam or well-care visit in 2026, your \$25 reward will be loaded onto your Additional Benefits Card once the claim is processed. No more form to fill out. Any questions should be directed to our Member Services team (numbers listed in the front of this booklet).

<sup>1</sup>These additional benefits are covered under all Health New England Medicare Advantage plans.

\*You must see a NationsHearing provider to use this benefit. Please note, hearing aids purchased through other providers are not covered.

\*\*This program is limited to one reward per year, which must be used by 12/31/2026. Reward is granted based on claims information following a qualifying preventive care visit. Allow approx. 2–4 weeks for reward upload once claim is processed. Your PCP must bill this visit as an annual physical or well-care visit.



## Additional benefits allowances

### Additional Benefits Card

Medicare Advantage members get a Benefits Mastercard® Prepaid Card, administered by our new vendor, NationsBenefits®, effective January 1, 2026. This convenient pre-loaded debit card gives members access to allowances, such as dental, fitness activities, including gym, golf and skiing, weight management programs, acupuncture, activity tracker, and eligible over-the-counter (OTC) care items. **For more details, see the Benefits Mastercard® Prepaid Card page and flyer in this section.**

### Over-the-Counter (OTC) Care

As a Medicare Advantage member, you are eligible for OTC benefits. **NEW for 2026:** You get an allowance every three months, which is loaded onto your Benefits Mastercard® Prepaid Card (OTC allowance expires at the end of each quarter). Use your OTC allowance credits to purchase OTC products from certain retail pharmacy locations or by ordering from the NationsBenefits website, app or catalog. **For more details, see the NationsBenefits OTC flyer at the end of this section.**

### Vision Care and Prescription Eyewear\*

With our NationsVision® additional benefit, you pay nothing for one routine eye exam with refraction per calendar year, and get a \$200 allowance every two years for prescription eyewear. This allowance is applied at the point of service when obtained from an in-network NationsVision provider. Covered items include eyeglasses (lenses and/or frames) and contact lenses. **For more details, see the NationsVision flyer at the end of this section.**

### Enhanced for 2026: Fitness, Wellness and Transportation\*\*

Health New England Medicare Advantage has added more qualifying activities for 2026 to its Wellness/Fitness allowance. Members get a combined allowance for the following: acupuncture, gym membership and training fees, fitness classes and apps, golf greens fees, ski lift tickets, exercise equipment and devices such as treadmill and activity tracker, weight management programs such as Weight Watchers and Jenny Craig, nutrition classes and apps, and transportation. Transportation must be to plan-approved health providers and locations (in-plan providers, facilities, pharmacies) via one-way taxi, ride-share, bus, subway, van, medical transport.\*\*

### Wig Reimbursement

For members who are on or have recently undergone chemotherapy, you are eligible to receive a \$350 wig reimbursement (per calendar year). Reimbursement form must be accompanied by a physician's note and receipt of purchase. Find form at [healthnewengland.org/medicare/forms](https://healthnewengland.org/medicare/forms).

\*You must see a NationsVision provider to use this benefit.

\*\*Prior approval for transportation is required by calling NationsBenefits. NationsBenefits will arrange your transportation.



## Tools and programs for managing your health

It's important to know the care options available to you when you need them, especially during a period of illness or while managing a chronic health condition. These tools and programs help you get the right care when you need it and can help you save money.

### Comprehensive Health Assessment\*

Members of Health New England Medicare Advantage can take a free, comprehensive Health Assessment via the Health New England member portal or by calling our Care Management team. Complete your Health Assessment within the first 90 days of your plan membership so we can help you manage your health effectively. **NEW for 2026:** Once you complete your Health Assessment, you will earn a \$10 reward, which will be loaded onto your Additional Benefits Card.

### Options for Seeking Care

For non-emergency or routine care, we always recommend that you consult your primary care provider (PCP) first, whenever possible. However, if you can't reach your PCP, Health New England offers other options:

#### Nurse Advice Line

Free health advice for members is available from experienced Registered Nurses 24 hours a day, 7 days a week, by calling Health New England's health information line at **(866) 389-7613**. A team of medical professionals is available to answer questions about your health, help you determine whether to seek additional care, and address medication questions. **For more details, see the Nurse Advice Line flyer at the end of this section.**

#### Teladoc®\*\* for Telehealth Services

Health New England Medicare Advantage Employer Group Waiver Plan members have access to Teladoc,\*\* our telehealth service at \$0 copay. You can request a phone, mobile app or online video consultation with a U.S. board-certified physician, 24 hours a day, 7 days a week, 365 days a year, to treat non-emergency, non-chronic medical issues. Go to **Teladoc.com/HNE**, download the mobile app or call **(800) 835-2362** to get started. Copay may apply depending on plan. **For more details, see the Teladoc flyer at the end of this section.**

Remember, these options do not replace your PCP. If you need immediate medical attention, call 911 or go to the nearest emergency room. For non-emergency issues, please contact your PCP first.

*\*Health Assessment reward can only be earned/redeemed one time per calendar year after completion of the health assessment. Allow 2–4 week for processing and reward upload. The Health Assessment can be taken multiple times to evaluate your health risks.*

*\*\*©2025 Teladoc Health, Inc. All rights reserved. Complete disclaimer at [Teladoc.com/HNE](https://www.teladoc.com/HNE). You must use Teladoc® service to receive this benefit.*

## Support for Managing Complex Conditions

### Care Management

Our Care Management programs are available to help members with health challenges. Experienced Care Managers and Care Coordinators will help manage your care and your relationships with health care providers. If you are going through a period of illness or managing a chronic health condition, we encourage you to take advantage of this special program to manage your health. We offer the following Care Management programs:

- **Behavioral Health** (including depression, mental health, dual medical and behavioral health diagnosis, substance use disorder, and social case management)
- **Complex Care Management**—services that assist in managing acute or chronic conditions
- **Care Coordination**—assistance with access to care and coordination between multiple health services and resources
- **Disease Management** (including asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes and hypertension)

Health New England's Care Management team provides equitable, quality care and services to its culturally and linguistically diverse population, no matter the individual's personal characteristics. Care Management's intent is to reduce health care inequities and disparities by implementing interventions for identified individuals who are likely to experience or are experiencing obstacles to health care services due to their race/ethnicity, language preference, gender identity, and/or sexual orientation. All of our Care Management Programs are offered to our members at no additional cost.

### Kidney Health Management Program

We partner with Healthmap Solutions to deliver comprehensive care for members with chronic kidney disease (CKD) and end-stage renal disease (ESRD). Healthmap's Kidney Health Management (KHM) program works with your doctor to identify and support your health needs, while helping you manage your chronic condition.

### Opioid Treatment Program Services

Members with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program.

### Transitions of Care Program

This program is available to help members plan a smooth transition after a hospital or skilled nursing facility stay. We offer one-on-one support from a registered nurse at no additional cost. The nurse offers coaching that will help guide you before and during your transition to home to reduce your risk for readmission.

If you are interested in a Care Management program, you can enroll by calling our Care Management team today at (800) 842-4464 or (413) 787-4000, ext. 3940, TTY 711 (Monday—Friday, 8:00 a.m.—5:00 p.m.).

## **Home Services**

### **Signify Health In-Home Health Visits**

Health New England offers Medicare Advantage members a comprehensive in-home health visit with a medical professional at no additional cost. As a member, you may be contacted by our in-home health vendor Signify Health via mail or email to schedule a visit at your convenience in your home. The visit is nearly an hour of uninterrupted time with a licensed, board-certified medical provider who reviews your medical history and medications, and can answer your health questions. Learn more about Signify Health at [signifyhealth.com](https://www.signifyhealth.com).

*NEW for 2026:* Once you complete your In-Home Health Visit, you will earn a \$25 reward, which will be loaded onto your Additional Benefits Card once claim is processed (approx. 2–4 weeks).

### **Mom's Meals Program (Post-Discharge)**

We partner with Mom's Meals to provide meals to Medicare Advantage members who are discharged from an inpatient hospital stay or a skilled nursing facility. Upon discharge, if you qualify, our Care Management team will assist in coordinating your request to have up to 28 fully-prepared, nutritious meals (up to 2 meals per day for 14 days depending on your plan) delivered to your home by Mom's Meals at no cost to you. This home meal benefit must be requested within 30 days of discharge. **For more details, see the Mom's Meals Program flyer at the end of this section.**

## **Virtual Health Services**

### **Virta: Nutritional Therapy for Weight Loss and Diabetes Reversal**

Virta is available for eligible Medicare Advantage members with type 2 diabetes, prediabetes, or a BMI of 25 or greater. Virta is a guided nutrition program for type 2 diabetes and prediabetes reversal, and for safe and sustainable weight loss. Powered by technology and digital health tools, Virta's care team provides expert medical care, coaching, and on-demand virtual support. Virta's personalized approach will help you sustainably lose weight while controlling blood sugar with fewer or no medications. For members who qualify, Virta will contact you on behalf of Health New England with full program details. Participation is optional. **For more details, see the Virta flyer at the end of this section.**

### **Wellth: Digital Care Program**

For eligible Medicare Advantage members with certain health conditions, we are collaborating with Wellth, an app-based digital program, to help you manage your condition(s). Through digital tracking of daily activities, such as taking your medications as prescribed and checking blood pressure and/or glucose, etc., Wellth gives you the support and motivation you need to stay on track with your care plan in order to achieve better health. For members who qualify, Wellth, on behalf of Health New England, will provide you additional program information. Participation is optional. **For more details, see the Wellth flyer at the end of this section.**

## Help Managing Medications

### Medication Therapy Management Program

If you have complex health needs, take multiple prescription drugs and have high prescription drug costs, you may be eligible to participate in our Medication Therapy Management Program.

This program provides eligible members with a chance to review medications with a medical professional – either a pharmacist or registered nurse. This program is available at no charge and is included with our Medicare Part D benefits for members who qualify.

#### Participating in our Medication Therapy Management program can:

- Empower you to take an active role in your medication management
- Enhance your medication use to improve your quality of life
- Reduce your health care costs
- Reduce your risk of medication-related problems

Also, by switching to a generic alternative medication, you can save money on copays each time you fill a prescription and reduce your prescription drug costs.

For more information, visit [healthnewengland.org/medicare/MTM](https://healthnewengland.org/medicare/MTM).

# Benefits Mastercard® Prepaid Card

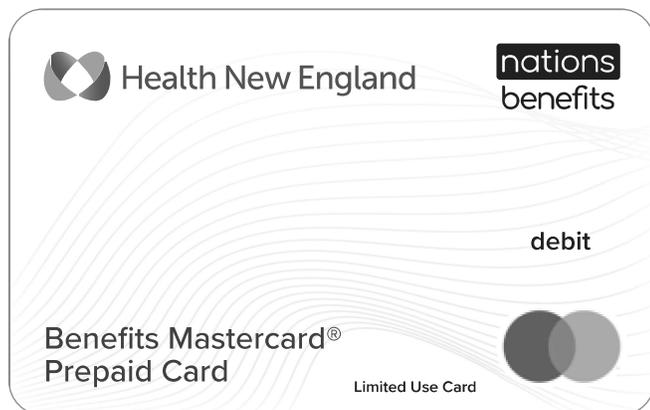
**NEW Vendor for 2026:** Health New England's Medicare Advantage Benefits Mastercard® Prepaid Card and additional benefits allowances will be administered by our new vendor, NationsBenefits®, beginning January 1, 2026.

To make important healthy lifestyle choices easier, Health New England offers members this Additional Benefits Card, which is a convenient pre-loaded debit card that gives members access to allowances for the following:

- Dental care
- Expanded fitness activities including gym, golf and skiing
- Weight management and nutrition programs and apps
- Acupuncture
- Activity tracker and exercise equipment
- Eligible over-the-counter (OTC) care items
- **NEW for 2026**—Transportation to plan-approved health providers and services\*

This Additional Benefits Card works like any other debit card and must be used at point of service for the above qualifying activities and services. Reimbursement forms and receipts will no longer be accepted—just swipe to pay and be on your way!

2026 Card Sample—Front



2026 Card Sample—Back



Upon enrollment in a Health New England Medicare Advantage plan, your Benefits Mastercard® Prepaid Card will be mailed to you via USPS prior to your plan effective date. Below is what you will get along with your card.

- ✓ Welcome kit containing your card, a welcome letter, activation & log-in instructions
- ✓ Online portal & mobile app to access account information, card balances & transactions
- ✓ Customer service support

*\*Transportation must be to plan-approved health providers and locations (in-plan providers, facilities, pharmacies) via one-way taxi, ride-share, bus, subway, van, medical transport. Prior approval for transportation is required by calling NationsBenefits. NationsBenefits will arrange your transportation.*

Each Additional Benefits Card allowance is subject to the limits described in this section.

A calendar year is the twelve month period from January to December. Any unused portion of an allowance cannot be carried over from one year to the next.

Allowances are uploaded to your card each January—A new card will be mailed for 2026; do not throw it away at the end of the year.

### Dental Allowance Per Calendar Year

*Allowance on Additional Benefits Card per calendar year*

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\$250

### Over-the-Counter Care Items (OTC) Allowance Per Quarter

*OTC allowance can be used at certain retail locations and via the NationsBenefits website, app or mail order catalog. Allowance is pre-loaded each quarter. If not used, amount expires at end of each quarter.*

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\$40

## Wellness Allowance Per Calendar Year

*Fitness Activities, Weight Management Programs and Apps, Acupuncture, Activity Tracker, Exercise Equipment, and Health-Related Transportation—Combined total allowance on Additional Benefits Card per calendar year.*

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**\$150**

## Enhanced Preventive Care Rewards\* Per Calendar Year

*New for 2026: Health New England is enhancing its Preventive Care Incentives for 2026. Rewards for the following will be uploaded to your Additional Benefits Card:*

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**Annual Well-Care Visit or Physical Exam: \$25**

**Home Visit with Signify Health: \$25**

**Health Assessment: \$10**

**You must use your Additional Benefits Card to access your dental and wellness allowances, OTC credits, and preventive care rewards.**

**Reimbursement forms are no longer accepted for qualifying purchases/services.**



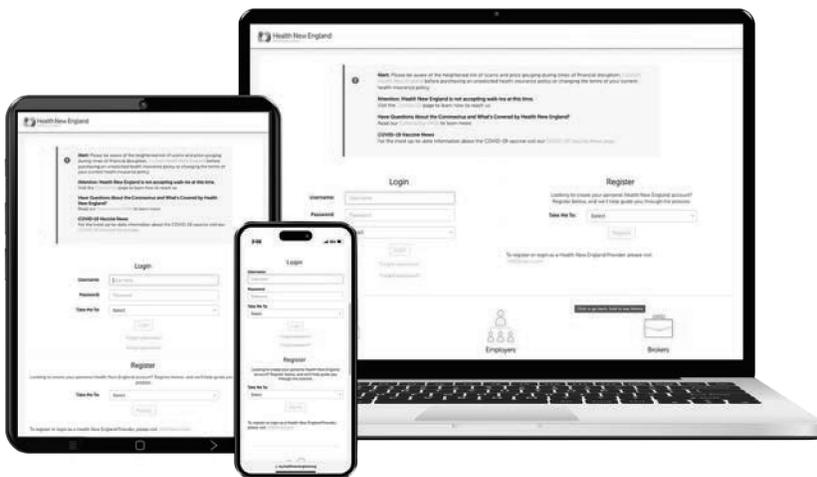
*\*The 2026 Preventive Care Incentives can only be earned/redeemed one time per calendar year after completion of each listed activity and must be used by 12/31/2026. Only active members are eligible to receive/redeem rewards. Please allow 2–4 weeks for reward to appear on Additional Benefits Card.*

# Online Member Portal

## Access our secure online Member Portal at [my.HealthNewEngland.org](https://my.HealthNewEngland.org)

As a Health New England Medicare Advantage member, you can view all of your health care claims and benefits online through our convenient and secure online Member Portal. All you need to do is go to [my.HealthNewEngland.org](https://my.HealthNewEngland.org) and register to take advantage of the following helpful features:

- ✓ Pay your monthly premium, if applicable.
- ✓ Request a new ID card.
- ✓ View recently processed medical and pharmacy claims.
- ✓ Find a provider and see who's accepting new patients.
- ✓ Reference benefits included in your health plan.
- ✓ Learn about your personal pharmacy benefits, manage mail-order prescriptions, look up drugs and pharmacies, and more.
- ✓ Get quick access to Teladoc,<sup>®</sup> your telehealth benefit.
- ✓ Easily access your NationsBenefits account information, including NationsVision, NationsHearing, OTC and Additional Benefits Card allowances.
- ✓ Complete your comprehensive Health Assessment form.

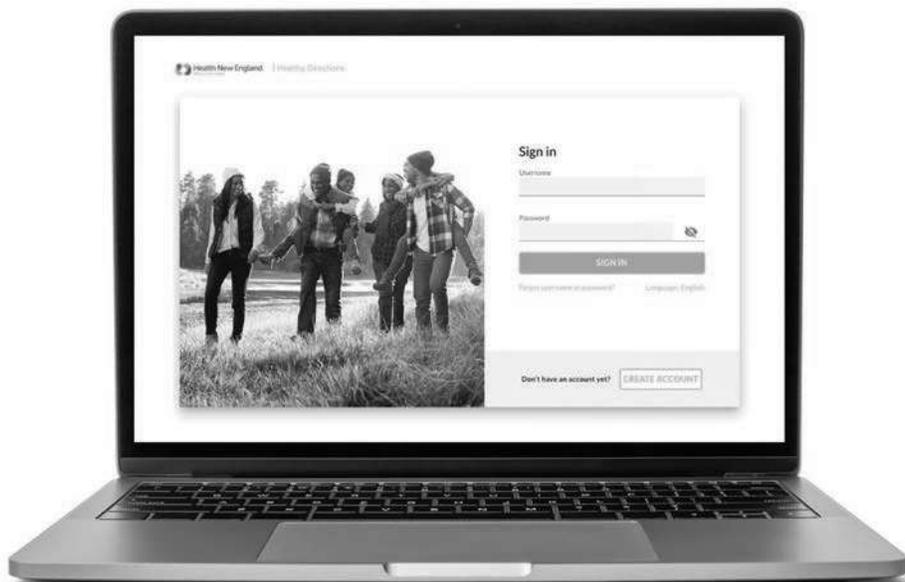


# Healthy Directions Web Portal Powered by WebMD ONE®

## Health New England has partnered with WebMD ONE® to bring you your own **Healthy Directions Web Portal.**

The portal is your one-stop shop for health and wellness information, tools and resources. To access the portal, type the following URL into your browser: **webmdhealth.com/hne**

If you don't have access to the internet or if you have questions, contact Member Services at: **(877) 443-3314 or TTY 711**, 8:00 a.m. to 8:00 p.m., Monday through Friday (October 1 through March 31: 8:00 a.m. to 8:00 p.m., 7 days a week). You can also contact our Healthy Directions team at **HealthyDirections@hne.com**.



### What's in it for me?

The Daily Habits tool to help you maintain or improve in areas such as:

- ✓ exercise
- ✓ back health
- ✓ nutrition
- ✓ tobacco cessation
- ✓ stress management
- ✓ emotional health
- ✓ weight management
- ✓ sleep

Health trackers to help you follow your medical, health and wellness goals

A symptom checker

A search tool for information about specific medical topics and general well-being tips

Healthy recipes

Self-help videos

A personal health record

Easy access on your smartphone with the WebMD ONE® Wellness At Your Side app

# Additional Programs with Our Partners

Health New England Medicare Advantage works with various vendors to provide members with Additional Benefits to help you better manage your health and improve well-being. The following pages include flyers with more information from these partners.

Program	Vendor
Hearing Benefit	 <b>nations</b> hearing
Additional Benefits Card and Over-the-Counter Care Items	 <b>nations</b> benefits
Vision/Eyewear	 <b>nations</b> vision
24-Hour Nurse Advice Line	  Health New England <i>Where you matter.</i>
Telehealth Services	 <b>Teladoc</b> <sup>™</sup> HEALTH
Home Meal Deliveries	 <b>MOM'S MEALS</b> <sup>®</sup>
Nutrition for Weight Loss & Diabetes Reversal	  <b>virta</b>
Digital App and Rewards Program	  <b>wellth</b>



# Improve Health and Wellness with Your Hearing Aid Benefit

Hearing Benefit



Welcome to **NationsHearing®!** As a valued **Health New England Medicare Advantage member**, you have a hearing aid benefit that gives you everything you need to manage your hearing health.

## Your 2026 Benefit Includes



### An Annual Hearing Test With No Out-Of-Pocket Cost\*

Convenient ways to take a hearing test:

- Call **1-877-465-9035 (TTY: 711)** to speak with a Member Experience Advisor who will schedule your hearing test with a local hearing aid provider
- Visit **[HNE.NationsBenefits.com/Hearing](https://HNE.NationsBenefits.com/Hearing)** to find a local providers



### High-Quality Hearing Aids\*

Your 2026 hearing benefit covers up to two hearing aids per year with low copayments:

- Premium \$999 (per aid)
- Advanced \$699 (per aid)



### Exceptional Service Delivery

Going above and beyond your expectations with:

- High quality care from a hearing aid provider in your area
- A robust choice of hearing aids from all major manufacturers in all styles and colors
- Three follow-up visits to ensure your complete satisfaction<sup>1</sup> with the original provider<sup>2</sup>



### Our Promise To You

The latest technology from all major manufacturers, plus:

- 60-day, 100% money-back guarantee
- Three-year comprehensive manufacturers' warranty, including coverage for loss, damage, and repair<sup>2</sup>
- Three years of batteries included<sup>3</sup>

<sup>1</sup>With the original provider

<sup>2</sup>Manufacturer's deductible may apply

<sup>3</sup>Not applicable to the purchase of rechargeable hearing aid models

## Why Hearing Health is Important

Hearing impairment can impact almost every aspect of a person's life. Studies have linked untreated hearing loss to conditions like diabetes, dizziness, falls, strained relationships, and compromised safety.<sup>4</sup> Fortunately, around 95% of people with hearing impairment could benefit from wearing hearing aids.<sup>5</sup> Our in-network providers work with each member to select hearing aids that meet your lifestyle and listening needs.

## Use Your Hearing Aid Benefit To Connect To The World Around You

### State-of-the-Art Technology

Hearing aids are smaller, sleeker, and more sophisticated than ever before. Today's hearing aids have features like Bluetooth® compatibility, direct-to-smartphone streaming, TV connectivity, and recharge-ability that are designed for your comfort and convenience.



### Get Started Today!

Call 1-877-465-9035 (TTY: 711) or visit [HNE.NationsBenefits.com/Hearing](https://HNE.NationsBenefits.com/Hearing)

Member Experience Advisors are available 8 a.m. - 8 p.m. Eastern Time, seven days a week.

Language support services are available free of charge.



Health New England

nations hearing

\* You must see a NationsHearing® provider to use this benefit. Please note, hearing aids purchased through other providers are not covered.

<sup>4</sup> "Hearing Loss: A Common Problem for Older Adults." National Institute on Aging, U.S. Department of Health and Human Services, [www.nia.nih.gov/health/hearing-loss-common-problem-older-adults](http://www.nia.nih.gov/health/hearing-loss-common-problem-older-adults).

<sup>5</sup> "Quick Statistics About Hearing." National Institute of Deafness and Other Communication Disorders, U.S. Department of Health and Human Services, 1 Apr. 2021, [www.nidcd.nih.gov/health/statistics/quick-statistics-hearing](http://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing).

Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity). ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call (413) 787-0010 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluyendo embarazo, orientación sexual e identidad de género). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-0010 o TTY 711. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo (incluindo gravidez, orientação sexual e identidade de gênero). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-0010 ou TTY 711.

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# A Convenient Way to Pay for Eligible Expenses



For 2026, **Health New England Medicare Advantage** has partnered with our NEW vendor **NationsBenefits®** to give you an Additional Benefits Mastercard® Prepaid Card to pay for eligible items and approved services. Purchases can be made online through NationsBenefits® and at participating retail locations.

Your Additional Benefits Card is pre-loaded with benefit allowances\* for:

- Dental services
- Wellness services, including weight management programs, fitness activities, acupuncture, activity tracker and plan-approved health related transportation
- Over-the-Counter (OTC) care items
- Preventive care rewards for completing annual well-care visit or physical exam; health assessment form; and home visit with Signify Health

## The Program Includes



### Access to Funds on Your Additional Benefits Card

Your card includes funds that you can use to purchase eligible products and services. You can see what's eligible for purchase at **HNE.NationsBenefits.com** or through the Benefits Pro® App. You must use your Additional Benefits Card to access dental and wellness allowances, OTC credits, and preventive care rewards. Reimbursement forms are no longer accepted for qualifying purchases/services.



### Flexible Purchasing Options

You can use your Additional Benefits Card to:

- Order online through the Benefits Pro® Portal at **HNE.NationsBenefits.com**, through the Benefits Pro® App, or by calling **877-465-9035 (TTY: 711)** 8 a.m. - 8 p.m. Eastern Time, seven days a week.

Scan this QR code to download the **Benefits Pro® App**



- Shop at participating locations, including:
  - o Walmart®
  - o Walgreens®
  - o Save-A-Lot®
  - o Market32®
  - o CVS®
  - o PriceRite®
  - o Stop & Shop®
  - o And More!



### Premier Experience

Going above and beyond your expectations with service that includes, but is not limited to:

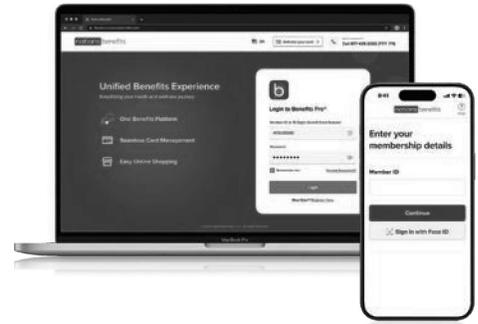
- Support from dedicated Member Experience Advisors
- Two-day shipping on all items ordered through NationsBenefits®

## Personalized Benefits Pro® Portal & App

Benefits Pro makes it easy to get the most out of your Additional Benefits Card program. Through the portal or app, you have access to see your Additional Benefits information and so much more.

### You can easily:

- **Access** online ordering
- **Activate** and manage card
- **Check** products and services eligibility
- **View** available balance and transaction history
- **Update** personal account information
- **Find** participating retailers



Access your Benefits Pro® Portal by visiting [HNE.NationsBenefits.com](https://HNE.NationsBenefits.com) or scan the QR code below to download the Benefits Pro® App.

### Need Help?

Member Experience Advisors are available 8 a.m. - 8 p.m. Eastern Time, seven days a week. Language support services are available free of charge.



Visit  
**HNE.**  
[NationsBenefits.com](https://NationsBenefits.com)



Download the  
Benefits Pro® App to  
your mobile device



Call  
**877-465-9035**  
(TTY: 711)



Health New England

**nations** benefits

\*Please call NationsBenefits to arrange your transportation. Dental and wellness allowances are available annually. For over-the-counter items, funds are uploaded quarterly and expire at the end of each quarter. Please refer to your plan materials or Evidence of Coverage (EOC) for more details.

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5229-48107-00

Y0158\_2026\_162\_M Accepted

# Personal Health & Wellness Products

OTC Benefit



New in 2026, as a valued **Health New England Medicare Advantage member**, you have access to a variety of brand-name and generic health and wellness products with your Over-the-Counter (OTC) benefit through our NEW vendor **NationsBenefits®**. **Every three months, money is added to your OTC benefit** on your Additional Benefits Card, a Benefits Mastercard® Prepaid Card, so you can purchase everyday health items like bandages, cold medicine, and toothpaste without paying out of pocket. OTC credits expire at the end of each quarter.\*

## Five Easy Ways to Order



### Website

Visit the **Benefits Pro™ Portal** at **HNE.NationsBenefits.com** and shop any time.



### App

Scan the QR code to download the **Benefits Pro® App** on your phone or tablet.



### Phone

Call us at **877-465-9035 (TTY: 711)**. A Member Experience Advisor will help you, 8 a.m. - 8 p.m. Eastern Time, seven days a week.



### Mail

Complete and mail an order form.

**Important:** Due to the added processing time to receive your request by mail, we encourage you to allow extra time when placing your order. If your order is not received by the 20th of the month, it may be processed for the following benefit period. If you want your order applied to the current benefit period, we recommend placing your order online or by phone.



### Retail

Shop at participating locations:

- Walmart®
- Walgreens®
- Save-A-Lot®
- Market32®
- CVS®
- PriceRite®
- Stop & Shop®
- And More!

## What Can I Buy?

- Cold and flu medicine
- First-aid supplies
- Vitamins and supplements
- Toothpaste and mouthwash
- Skin care and sun care
- Supports, wraps, and more.

Look in your catalog or online at **HNE.NationsBenefits.com** for a full list of available products.



### Fast, Free Delivery

Orders ship in two business days and arrive at your door for free.

## Need Help?

**To place an order, visit [HNE.NationsBenefits.com](https://HNE.NationsBenefits.com),  
use the app or call 877-465-9035 (TTY: 711).**

Member Experience Advisors are available 8 a.m. - 8 p.m. Eastern Time, seven days a week.  
Language support services are available free of charge.



Health New England

**nations** benefits

\*Your allowance amount and schedule depend on your plan allowance. You must use your Additional Benefits Card to access your dental and wellness allowances, OTC credits, and preventive care rewards. Reimbursement forms are no longer accepted for qualifying purchases/services.

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5247-38862-00

Y0158\_2026\_159\_M Accepted



# A Vision Benefit to Help You See Healthy and Live Happy

As a valued **Health New England Medicare Advantage** member, you have a vision benefit that helps you maintain good eye health and covers the cost of eye care.

## Your 2026 Your Benefit Includes



### Vision Care\*

Your vision benefit includes:

- \$0 copay for an Annual Eye Exam (with refraction)
- \$200 allowance every 2 years at point of service for prescription eyewear including:
  - Frames, lenses, lens enhancements, contacts and more



### Exceptional Service Delivery

Going above and beyond your expectations with:

- High quality care from a vision provider in your area
- A robust choice of frames from various styles and colors
- Your benefit covers most prescriptions
- Lens options such as tints, ultra-violet, scratch resistant and more are included under the allowance
- An allowance toward contact lenses (if medically necessary)



### Access to an Expansive Vision Network

Retailers and Vision Providers include but not limited to:

- Walmart
- Target
- Costco
- Pearl Vision
- LensCrafters
- Many independent optometrists



\*You must see a NationsVision® provider to use this benefit.

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5247-28349-00

Y0158\_2026\_100\_M Accepted

# We have a **24-Hour Nurse Advice Line** for you!



## Speak directly to a nurse

Health New England wants to make sure you have the answers you need when you need them. Our Nurse Advice Line is available 24 hours a day, 7 days a week, and 365 days a year. It is offered to you at no additional cost because you are a member of our plan. Our experienced Registered Nurses are ready to help you any time of the day or night.

## Immediate answers to your health questions

If your doctor's office is closed, call the 24-hour Nurse Advice Line for questions about health concerns or health-related topics.

We are here to help with things such as:

- Symptoms you cannot or do not know how to manage
- Proper dosage of medications



Our team of medical professionals give helpful advice that is easy to follow. They can also help determine if you need to visit your doctor or an urgent care center.\*

## Help is just a phone call away

For questions about your symptoms and care, call **1-866-389-7613** (TTY/TDD: 711). Nurse advice staff speak English and Spanish. For additional languages, please ask for a translator when you are connected.



Health concerns can happen at any time. Our 24-hour Nurse Advice Line from Health New England is **always available** to provide help right over the phone.

**Call 1-866-389-7613.**

\*If you or a family member is having a life-threatening condition, immediately call 911 or go to the emergency room.



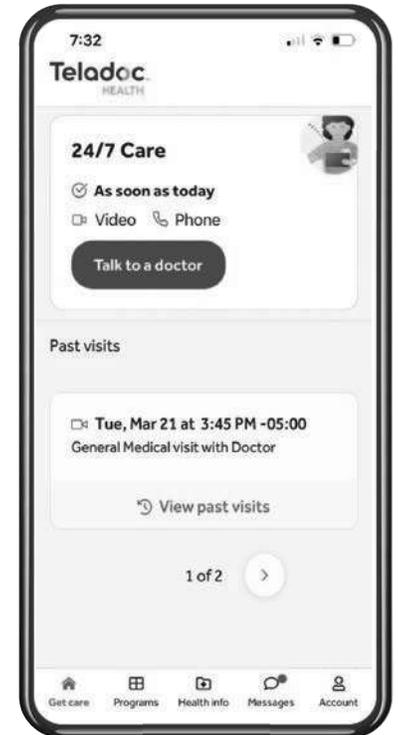
# Confidential care you can use anywhere



You have Teladoc Health as a part of your health benefits. It offers you 24/7 access to healthcare professionals while you're at home or away.

#### Download the Teladoc Health app for:

- ✓ Access to healthcare providers when you need them most
- ✓ Treatment for common issues like the flu, infections, allergies and more
- ✓ Convenient care from home or away
- ✓ Care by a phone or video visit. It may help you avoid the waiting room or ER



## Don't wait! Download the secure Teladoc Health app today.

Visit [Teladoc.com/HNE](https://Teladoc.com/HNE) | Download the app  |   
Call 1-800-TELADOC (800-835-2362)

When your primary care provider (PCP) isn't available, use Teladoc.

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Teladoc Health is not available internationally.

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Y0158\_2025\_105\_M Accepted



MOM'S  
MEALS®



# Improving life through better nutrition at home

At Health New England, we recognize the importance of having access to the right nutrition, which is why we have partnered with Mom's Meals® to provide meals for our Medicare Advantage members discharging from an inpatient hospital or skilled nursing facility (SNF) stay.

After discharge, if you qualify, you can receive fully-prepared, nutritious meals. Meals are delivered to your home at no cost to you. This home delivered meal benefit must be requested within 30 days after discharge.

## Our Difference

**Refrigerated** – Ready to heat, eat and enjoy in minutes

**Medically Tailored** – Supports the needs of most common chronic conditions

**Choice of Every Meal, Every Delivery\***

**Delivery to Any Address** – No matter how remote

**Compassionate Customer Service**

## How it Works

1

If you qualify, please contact Health New England's Care Management at (800) 842-4464 ext.3940. The CM team will assist in coordinating your request.

2

We will help you choose the nutritional option that is best for your health condition, and we'll submit your request to Mom's Meals on your behalf.

3

You will receive a welcome call from Mom's Meals. Then, your meals will be delivered directly to your home.



Health New England

\*Initial deliveries will have a variety of meals based on dietary preferences.

# Choosing HEALTH, NOURISHING Happiness

Mom's Meals offers menus that meet the nutritional requirements for most major health conditions.



Heart-Friendly



Diabetes-Friendly



Vegetarian



Protein+



Lower Sodium



Pureed



General Wellness



Renal-Friendly



Gluten Free



*Mom's Meals continues to help me heal. After my surgery, I was told to stay off my feet. Thanks to the ease of your meals, I have been able to do so. I LOVE IT!*

*- Happy Customer*

## Sample Menu\*

### BREAKFAST

#### BREAKFAST SANDWICH

and Fruit Crisp

#### COLBY CHEESE OMELET

with French Toast Sticks  
and Turkey Sausage

### LUNCH

#### BEEF STEW

with Cornbread

#### PORK STIR FRY RICE

and Spiced Fruit Medley

### DINNER

#### CHEESE LASAGNA

with Marinara Sauce  
and Fruit Crisp

#### BBQ CHICKEN WITH

#### POTATO MEDLEY

and Seasoned Green Beans

\*Meals/menu availability are dependent on plan benefit.

**If you have questions about this service, contact Health New England's Care Management team at (800) 842-4464 or (413) 787-4000, ext. 3940, Mon.—Fri., 8 a.m.—5 p.m. [www.momsmeals.com](http://www.momsmeals.com)**

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Y0158\_2025\_106\_M Accepted

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# Your weight loss and diabetes reversal\* benefit



## No fad diets or extra gym visits—just foods that are right for you

For eligible Medicare Advantage members with type 2 diabetes, prediabetes, or those with a BMI of 25 or greater, Health New England is partnering with Virta to offer you this guided nutrition program for safe and sustainable weight loss. Virta is available at **\$0 cost to you**. Personalized to your lifestyle and health goals, Virta uses nutrition science to build custom plans that help you lose weight, lower your blood sugar, and transform your health.

## Join the thousands of people using Virta and transforming their lives.



“The most surprising thing about Virta is how much I enjoy my new way of eating. I’ve lost 30 pounds and have been able to maintain it, and my life no longer revolves around my diabetes meds.”

**Ricardo, Virta member**

## Virta is your fully-covered benefit for better health.

Get personalized nutrition support at no cost to you.

### If you qualify, you'll receive:



Personalized health coaching



Connected weight scale and blood meter



Exclusive nutrition resources and recipes



Dedicated medical guidance



Visit [virtahealth.com/join/healthnewengland](https://virtahealth.com/join/healthnewengland) or scan the QR code to claim your benefit today.



Health New England fully covers the cost of Virta for eligible members with type 2 diabetes. Virta is also covered for those with a BMI of 25 or greater who are interested in safe and sustainable weight loss. Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity). ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call (413) 787-0010 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluyendo embarazo, orientación sexual e identidad de género). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-0010 o TTY 711. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo (incluindo gravidez, orientação sexual e identidade de gênero). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-0010 ou TTY 711.

\* Reversal on Virta is defined by reaching an A1c below 6.5% without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

Y0158\_2024\_258\_M Accepted

Member Services representatives are available 8 a.m. – 8 p.m., Mon. – Fri. (Oct. 1 – Mar. 31: 8 a.m. – 8 p.m., 7 days/week).



# How Wellth Rewards can help improve your health



## Feel better every day with Wellth

Wellth makes it simple to build healthy habits like checking your glucose or blood pressure. It's your partner in creating a happier, healthier you!



### Feel your best by staying on top of your daily health

Health New England is investing in your long-term health by rewarding you with up to \$360.



### Be consistent with small healthy habits that stick

With our daily reminders, you'll be able to build lasting habits.



### Spend more time with friends and family while feeling your best

Staying on top of your healthy habits helps you make the most of time with friends and family.

## Hear what Health New England Members who joined Wellth have to say!

"I love this program. It's helping me to take my medication on time and it also gives me money to take care of myself. I'm enjoying it a lot!"

Zeenat, Wellth Member

"I'm doing much better because I take my medication every day. No skipping, so it keeps me more in line. I drink more water and do a little bit more exercise, which makes me feel very good. I think overall, I'm doing much better!"

Daphne, Wellth Member



Call (833) 470-0440 (TTY 711)  
Monday - Sunday, 9 a.m. to 8 p.m. ET



Visit us online  
[wellthrewards.com/hne](http://wellthrewards.com/hne)



Scan the QR code to download the app



## Frequently Asked Questions

These are some of the most commonly asked questions about the Wellth Rewards program. Can't find the answer to your question? Call **(833) 470-0440** (TTY 711) to talk with our team!

### What is Wellth Rewards?

Wellth Rewards is a free, smartphone application designed to help you on your health journey. Once you sign up, you will receive daily reminders to take a quick photo of a healthy habit like taking your checking your glucose.

### Why is Health New England offering this to me?

Health New England wants you to be healthy! By offering the Wellth Rewards Program, we aim to:

1. Encourage preventative care and healthy habits
2. Reduce the likelihood of hospital visits and associated stress
3. Empower you to take control of your health

### This sounds too good to be true. What's the catch?

There is no catch! Health New England believes the best way to support your health journey is to provide you with rewards that you can use for everyday essentials like groceries, gas, and more. This way, taking care of your health directly benefits your daily life.

### How do I know Wellth Rewards is right for me or my lifestyle?

If you have one minute a day to spend on your health, Wellth is right for you. If you're not sure, we encourage you to try it out. You can opt out anytime, and rewards you earn are yours to keep.

### How do the \$360 in rewards work?

When you join Wellth, you'll receive your personal Wellth Rewards Card. Here's how you earn:

1. Complete and take a photos of your daily health tasks
2. Earn rewards based on your consistency
3. Your card is automatically reloaded with your earned rewards every 30 days

The more consistent you are with your health tasks, the more rewards you can earn - up to \$360 annually!

### Will this change my benefits with Health New England?

No, your existing benefits with Health New England will not be affected.

The Wellth Rewards program is an optional, free benefit offered to you for your health journey.

**Have more questions?  
We're here for you.**



Call **(833) 470-0440** (TTY 711)  
Monday - Sunday, 9 a.m. to 8 p.m. ET



Visit Wellth online  
[wellthrewards.com/hne](https://wellthrewards.com/hne)

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Y0158\_2025\_274\_M Accepted

# Finding Providers, Pharmacies and Prescription Drugs

## 3

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Finding doctors, hospitals, other health care providers and pharmacies in Health New England's Medicare Advantage network is easy.

In addition to a robust network of providers, Health New England Medicare Advantage also offers a prescription benefit to help you take care of your health.

### Highlights

- Medicare Prescription Payment Plan: A payment option to help you manage your out-of-pocket drug costs.
- Preferred Pharmacies: Save money with lower copays by using one of our Preferred Pharmacies or Preferred Network Mail Order Pharmacies to fill your prescriptions.

# Finding Providers, Pharmacies and Prescription Drugs

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You can search our current list of participating primary care physicians, specialists, hospitals and pharmacies, as well as covered prescription drugs, on our website at [healthnewengland.org/medicare](http://healthnewengland.org/medicare).

## Finding Providers

1. Visit [healthnewengland.org/medicare/provider](http://healthnewengland.org/medicare/provider) to access our online searchable directory.
2. Click on “**Search Providers.**”
3. Follow the prompts on screen to begin your search.

If you need help finding a network provider, please call **(413) 787-0010** or **(877) 443-3314 (TTY: 711)**. If you would like a provider directory mailed to you, you may call the number above, request one at the website link provided above, or email [enrollmentmedicare@hne.com](mailto:enrollmentmedicare@hne.com).

To find a NationsVision provider, visit [HNE.NationsBenefits.com/Vision](http://HNE.NationsBenefits.com/Vision). Find a NationsHearing provider at [HNE.NationsBenefits.com/Hearing](http://HNE.NationsBenefits.com/Hearing).

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## Finding a Pharmacy

1. Visit [healthnewengland.org/medicare/pharmacy](http://healthnewengland.org/medicare/pharmacy) to access our online searchable directory.
2. Scroll down and click on “**Find a Pharmacy.**”
3. Follow the prompts on screen to begin your search.

If you would like a pharmacy directory mailed to you, or if you need help finding a network pharmacy, please call **(413) 787-0010** or **(877) 443-3314 (TTY: 711)**. You may also email your request for the directory to [enrollmentmedicare@hne.com](mailto:enrollmentmedicare@hne.com).

**Preferred Pharmacies:** Save money with lower copays (such as \$0 Tier 1 drugs) by using one of our Preferred Pharmacies to fill your prescriptions. Preferred Pharmacies include CVS Pharmacy, Walmart, Big Y, Baystate Health Pharmacies and other independent pharmacies. (Preferred Pharmacies are noted to the right of the pharmacy name in the directory.)

**Preferred Network Mail Order:** Save even more money on your maintenance prescriptions by using one of our Preferred Network Mail Order pharmacies—OptumRx and WellDyneRx.

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## Finding a Prescription Drug

1. Visit [healthnewengland.org/medicare/pharmacy](http://healthnewengland.org/medicare/pharmacy) to access our online formulary.
2. Scroll down and click on “**Find a Drug.**”
3. Follow the prompts on screen to begin your search.

If you have a question about covered drugs, please contact Health New England Medicare Advantage’s pharmacy benefit manager OptumRx at **(800) 393-0395 (TTY: 711)**, available 24 hours a day, seven days a week. If you would like a formulary mailed to you, you may call the number above, request one at the website link provided above, or email [enrollmentmedicare@hne.com](mailto:enrollmentmedicare@hne.com).

# Medicare Prescription Payment Plan

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The Medicare Prescription Payment Plan is a payment option to help you manage your out-of-pocket drug costs. Participation is voluntary.

- ✓ This payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January—December).
- ✓ This payment option might help you manage your prescription drug expenses, but it doesn't save you money or lower your drug costs.
- ✓ Not all members will benefit from this payment plan. Consider your prescription drug expenses.\*
- ✓ "Extra Help" from Medicare and help from your State Pharmaceutical Assistance Program (SPAP), for those who qualify, is more beneficial than participation in the Medicare Prescription Payment Plan.\*
- ✓ Members enrolled in a Medicare Advantage plan with Part D prescription drug coverage are eligible to participate in this payment option, regardless of income level.
- ✓ If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

To learn more about the Medicare Prescription Payment Plan and see if it's right for you, visit [healthnewengland.org/medicare/m3p](https://healthnewengland.org/medicare/m3p). You may also contact our Pharmacy Benefits Manager, OptumRx, at (800) 393-0395 for details or visit [Medicare.gov](https://www.Medicare.gov).

*\*This payment option might not be the best choice for you if your yearly drug costs are low, your drug costs are the same each month, or if you get help paying for your prescription drug costs through programs like Extra Help from Medicare, the Medicare Savings Program, or a State Pharmaceutical Assistance Program (SPAP).*



# Enrollment

## 4

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We are committed to making enrollment into our Medicare Advantage plans simple.

Fill out the enclosed Enrollment Request Form, choose your Primary Care Provider (PCP), and submit the completed form to your employer's benefit administrator.

# How to Enroll

## in a Health New England Medicare Advantage Employer Group Waiver Plan

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Enrollment into a Health New England Medicare Advantage plan happens during certain timeframes. Ask your employer's benefit administrator for more information or call our Member Services Department. At Health New England, we want to make it easy to enroll.

If you want to enroll in the Health New England Medicare Advantage Employer Group Waiver Plan:

- **Complete the Enrollment Request Form** located in this section.
- Be sure to **choose a Primary Care Provider**.
- **Submit the completed form** to your employer's benefit administrator.

### Your Monthly Premium

Your coverage is provided through a contract with your current or former employer. Please contact your employer's benefit administrator for information about your plan premium. Once you are enrolled in a Health New England Medicare Advantage Employer Group Waiver Plan, you must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

### Eligibility Requirements

You can join this Health New England Medicare Advantage Employer Group Waiver Plan during a valid election period and:

- You are enrolled in Medicare Part A and Part B.
- You live within Hampden, Hampshire, Franklin or Berkshire County in Massachusetts or within Tolland or Hartford County in Connecticut.
- In addition, under this Employer Group Waiver Plan, you are subject to the eligibility rules of your employer. Please contact your employer's benefit administrator for more information on your employer's eligibility requirements.

### What to Expect After You Submit Your Enrollment Request

Health New England will send you an acknowledgement letter confirming we have received your enrollment request. We will send your enrollment to Medicare, and they will make the final determination regarding your enrollment. When Medicare finishes its review, we will send you a letter to confirm your enrollment has been accepted with Health New England Medicare Advantage. If Health New England requires any additional information to complete your enrollment request, we will communicate this in writing to you. It is important that you respond to that request within the specified time frames or we may need to deny your enrollment until that information can be collected.

### Get Your Questions Answered

You may call our Medicare Sales Team at **(413) 787-0010** or **(877) 443-3314**. TTY users call 711. A representative is available 8:00 a.m. to 8:00 p.m., Monday through Friday (Oct. 1—Mar. 31: 8:00 a.m.— 8:00 p.m., seven days a week). For questions related to Prescription Drug coverage, call **(800) 393-0395**, 24 hours a day, seven days a week. TTY users should call 711. Please contact your employer's benefit administrator for more information on your employer's eligibility requirements or your plan premium.

## Other Important Information

- Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. If you enroll in one of our Medicare Advantage HMO, HMO-POS, and PPO plans, you may go to any network provider without a referral from your primary care provider. Members enrolled in our Health New England Medicare Secure (HMO) Employer Group Waiver Plan must use Health New England network providers for all routine medical care. Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from Health New England on your behalf.
- You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

Name	TTY Information	Hours
<b>Medicare</b> 800-MEDICARE—(800) 633-4227	TTY users should call (877) 486-2048	24 hours a day 7 days a week
<b>The Social Security Administration</b> (800) 772-1213	TTY users should call (800) 325-0778	7:00 a.m. to 7:00 p.m. Monday through Friday
<b>Your state Medicaid Office or Prescription Advantage</b> (800) 243-4636	TTY users should call (877) 610-0241	9:00 a.m. to 5:00 p.m. Monday through Friday

This information is not a complete description of benefits. Call **(413) 787-0010** or TTY 711 for more information.

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### Third-Party Marketing Organization (TPMO) Disclaimer:

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE (24 hours a day, 7 days a week) to get information on all of your options.





One Monarch Place, Suite 1500  
 Springfield, MA 01144-1500  
 (413) 787-0010 | (877) 443-3314 | TTY 711  
 8 a.m.—8 p.m., Mon.—Fri.  
 (Oct. 1—Mar. 31: 8 a.m.—8 p.m., 7 days/week)

healthnewengland.org/medicare

**EMPLOYER GROUP WAIVER PLAN  
 ENROLLMENT REQUEST FORM**  
**Secure (HMO)**

**To enroll in a Health New England Medicare Advantage Employer Group Waiver Plan, please provide the following information:**

Employer or Union Name:		Group #:	
<b>Please check which plan you want to enroll in:</b>			
<input type="checkbox"/> Health New England Medicare <b>Secure (HMO)</b>			
FIRST Name:	LAST Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date (MM/DD/YYYY):		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Home Phone Number: (     )		Alternate Phone Number: (     )	
<b>Permanent Residence Address</b> (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):			
Street Address:		City:	State:     ZIP Code:
[Optional: County]:		E-mail Address:	
<b>Mailing Address (only if different from your Permanent Residence Address):</b>			
Street Address:		City:	State:     ZIP Code:
[Optional: County]:		E-mail Address:	
<b>Please provide your Medicare Insurance information.</b>			
Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"> <li>• Fill out this information as it appears on your Medicare card.</li> <li>- OR -</li> <li>• Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.</li> </ul>		Name (as it appears on your Medicare card): _____  Medicare Number: _____  Is Entitled To:                      Effective Date: HOSPITAL (Part A): _____ MEDICAL (Part B): _____  <b>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</b>	

**Additional Information on next page**

Select one if you want us to send you information in an accessible format.  Braille  Large Print  Audio CD  Data CD  
Please contact Health New England Medicare Advantage at **(413) 787-0010** or **(877) 443-3314** if you need information in an accessible format other than what's listed above, or in a Language other than English. Our office hours are: 8 a.m. to 8 p.m., Monday through Friday (October 1 through March 31: 8 a.m. to 8 p.m., seven days a week). TTY users can call 711.

**Please read and answer these important questions.**

1. Are you the retiree?  Yes  No

If yes, retirement date (month/date/year): \_\_\_\_\_ If no, name of retiree: \_\_\_\_\_

2. Are you covering a spouse or dependents under this employer?  Yes  No

If yes, name of spouse: \_\_\_\_\_

Name(s) of dependent(s): \_\_\_\_\_

3. Do you or your spouse work?  Yes  No

4. Some individuals may have other drug coverage, including other private insurance, Workers' Compensation, VA benefits or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to a Health New England Medicare Employer Group Waiver Plan?  Yes  No

If yes, please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: \_\_\_\_\_

ID # for this coverage: \_\_\_\_\_

5. Are you a resident in a long-term care facility, such as a nursing home?  Yes  No

If yes, please provide the following information:

Name of facility: \_\_\_\_\_

Address of facility (number and street): \_\_\_\_\_

Phone Number of facility: \_\_\_\_\_

List your Primary Care Provider (PCP), clinic, or health center:

**(For HMO plans ONLY)**

List the PCP Provider ID # : \_\_\_\_\_  
(found in the Provider Directory at [healthnewengland.org/medicare/provider](http://healthnewengland.org/medicare/provider))

**Additional Information on next page**

**Please read and sign below.**

**By completing this enrollment application, I agree to the following:**

I will need to keep my Medicare Part A and Part B coverage. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: Annual Enrollment Period from October 15–December 7), or under certain special circumstances. Please contact your employer's benefit administrator for more information on times you can enroll.

Health New England Medicare Advantage Employer Group Waiver Plan serves a specific service area. If I move out of the area that Health New England Medicare Advantage Employer Group Waiver Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of a Health New England Medicare Advantage Employer Group Waiver Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Health New England Medicare Advantage Employer Group Waiver Plan when I get it to know which rules I must follow in order to get coverage with this Medicare Advantage Employer Group Waiver Plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date the Health New England Medicare Advantage Employer Group Waiver Plan coverage begins, I must get all of my health care from the Health New England Medicare Advantage Employer Group Waiver Plan, except for emergency or urgently needed services or out-of-area dialysis services. Members enrolled in our Health New England Medicare Secure (HMO) Employer Group Waiver Plan must use Health New England network providers for all routine medical care. Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from Health New England on your behalf. For a complete list of services that require prior authorization, refer to the Summary of Benefits. Services authorized by Health New England Medicare Advantage Employer Group Waiver Plan and other services contained in my Health New England Medicare Advantage Employer Group Waiver Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **WITHOUT AUTHORIZATION, NEITHER MEDICARE NOR THE HEALTH NEW ENGLAND MEDICARE ADVANTAGE EMPLOYER GROUP WAIVER PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Health New England Medicare Advantage Employer Group Waiver Plans, he/she may be paid based on my enrollment in Health New England Medicare Advantage Employer Group Waiver Plan.

**Release of Information:** By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Health New England Medicare Advantage Employer Group Waiver Plan will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

 <b>Signature:</b>	<b>Today's Date (MM/DD/YYYY):</b>
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**Additional Information on next page**

**If you are the authorized representative, you must sign on previous page and provide the following information:**

FIRST Name:	LAST Name:		
Street Address:			
City:		State:	ZIP Code:
Phone Number:		Relationship to Enrollee:	
E-mail Address:			

**This section to be completed by employer.**

Group Name:			
Group/DIV #:		Effective Date:	
New enrollment reason:			
<input type="checkbox"/> Annual open enrollment <input type="checkbox"/> Retirement <input type="checkbox"/> Moved into service area <input type="checkbox"/> Other _____			
<input checked="" type="checkbox"/> Employer Signature:			Date:

**Office Use Only (Broker/Agent, please complete below):**

Name of staff member/agent/broker (if assisted in enrollment):				
Broker NPN #:		Plan ID #:		
Effective Date of Coverage (MM/DD/YYYY):	ICEP/IEP:	AEP:	SEP (type):	Not Eligible:

Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal.

# Legal Notices

## 5

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- Notice Informing Individuals of Nondiscrimination and Accessibility
  - Notice of Availability of Language Services and Auxiliary Aids and Services
  - Notice of Privacy Practices (updated 9/1/2025)
  - Plan Rating Information

## Notice Informing Individuals of Nondiscrimination and Accessibility

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Health New England does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health New England provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Health New England provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you may contact Health New England's Section 1557 Coordinator at One Monarch Place, Suite 1500, Springfield, MA 01144-1500, Phone: (888) 270-0189, TTY: 711, Fax: (413) 233-2685, or email at **1557Coordinator@hne.com**.

If you believe that Health New England has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Health New England at the above address, in person, by phone, fax, or email to **ComplaintsAppeals@hne.com**. If you need help filing a grievance, Health New England's Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>** or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available on Health New England's website at **[healthnewengland.org/notice](http://healthnewengland.org/notice)**.

*Reviewed: June 2025*

## Notice of Availability of Language Services and Auxiliary Aids and Services (§ 92.11)

We're here to help you. We can give you information in other formats and different languages. All translation services are free to members.

Medicare Advantage members, Health New England Medicare Advantage is an HMO, HMO-POS, and PPO Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. If you have any questions regarding this document, please contact the toll-free member phone number listed on your health plan ID card or (877) 443-3314 (TTY: 711), 8 a.m.–8 p.m., Monday–Friday, (Oct. 1–Mar. 31: 8 a.m.–8 p.m., 7 days/week).

English	ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 310-2835 (TTY: 711) or speak to your provider.
Spanish	ATENCIÓN: Si hablas español, tienes a tu disposición servicios gratuitos de asistencia lingüística. También dispone de recursos y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al (800) 310-2835 (TTY: 711) o hable con su proveedor de atención médica.
Portuguese	ATENÇÃO: Se fala português, estão disponíveis para si serviços gratuitos de assistência linguística. Os recursos auxiliares e os serviços adequados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para (800) 310-2835 (TTY: 711) ou fale com o seu médico.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie (800) 310-2835 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.
Japanese	注意：日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助手段やサービスも無料でご利用いただけます。(800) 310-2835 (TTY: 711) までお電話いただくか、ご契約の医療機関にお問い合わせください。
Chinese Mandarin	注意：如果您讲中文普通话，我们提供免费的语言协助服务。还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请致电 (800) 310-2835 (TTY: 711) 或咨询您的医疗保健提供者。
Chinese Cantonese	注意：如果您講粵語，我們提供免費的語言協助服務。此外，我們還免費提供相應的輔助工具和服務，以無障礙的格式提供資訊。請致電 (800) 310-2835 (TTY: 711) 或諮詢您的醫療保健提供者。
French Creole	ATANSYON: Si ou pale Kreyòl Franse, sèvis asistans lang gratis la disponib pou ou. Tout ekipman ak sèvis ki apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele (800) 310-2835 (TTY: 711) oubyen pale ak founisè ou.
Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi (800) 310-2835 (TTY: 711) hoặc trao đổi với nhà cung cấp của bạn.

Russian	ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также доступны бесплатно. Позвоните по телефону (800) 310-2835 (TTY: 711) или обратитесь к своему провайдеру.
Arabic	تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مجانًا وسائل مساعدة وخدمات مناسبة لتقديم المعلومات بتنسيقات سهلة الوصول. اتصل على 800-310-2835 أو تحدث مع مقدم الخدمة. TTY: 711.
French	ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (800) 310-2835 (ATS : 711) ou parlez à votre professionnel de la santé.
Italian	ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero (800) 310-2835 (TTY: 711) o parla con il tuo medico.
Korean	주의: 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공하는 적절한 보조 자료 및 서비스도 무료로 이용하실 수 있습니다. (800) 310-2835(TTY: 711)번으로 전화하시거나 담당 의료 서비스 제공자에게 문의하세요.
Polish	UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Odpowiednie pomoce i usługi pomocnicze, które zapewniają informacje w dostępnych formatach, są również dostępne bezpłatnie. Zadzwoń pod numer (800) 310-2835 (TTY: 711) lub porozmawiaj ze swoim lekarzem.
Hindi	ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। (800) 310-2835 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Tagalog	PANSIN: Kung nagsasalita ka ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit mo. Ang mga naaangkop na pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang walang bayad. Tumawag sa (800) 310-2835 (TTY: 711) o makipag-usap sa iyong provider.
Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો મફત ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. (800) 310-2835 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
Lao	ຂ້ອນລະວັງ: ຖ້າເຈົ້າເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໃດໆບໍ່ເສຍຄ່າ. ການຊ່ວຍເຫຼືອ ແລະການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໃດໆບໍ່ເສຍ ຄ່າ. ໂທຫາ (800) 310-2835 (TTY: 711) ຫຼືເວົ້າກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
Albanian	KUJDES: Nëse flisni shqip, ju ofrohen shërbime falas për ndihmë gjuhësore. Ndihamat dhe shërbimet e përshtatshme ndihmëse për të ofruar informacion në formate të aksesueshme janë gjithashtu në dispozicion pa pagesë. Telefononi (800) 310-2835 (TTY: 711) ose flisni me ofruesin tuaj.
Greek	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν κατάλληλα βοηθητικά βοηθήματα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο (800) 310-2835 (TTY: 711) ή μιλήστε με τον πάροχό σας.

Mon-Khmer, Cambodian	យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាភាគតិចត្រូវបានអាចរកបានសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏អាចរកបានដោយឥតគិត ថ្លៃផងដែរ។ ទូរស័ព្ទទៅ (800) 310-2835 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។
Haitian Creole	ATANSYON: Si ou pale kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksèsib ki disponib tou gratis. Rele (800) 310-2835 (TTY: 711) oswa pale ak pwofesyonèl swen sante w la.
Swahili	TAZAMA: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha bila malipo zinapatikana kwako. Usaidizi na huduma zinazofaa za kutoa taarifa katika miundo inayofikika zinapatikana pia bila malipo. Piga simu (800) 310-2835 (TTY: 711) au zungumza na mtoa huduma wako.

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health New England (HNE) knows how important it is to protect your privacy at all times and in all settings. This Notice of Privacy Practices describes how HNE may collect, use and disclose your protected health information, and your rights concerning your protected health information. “Protected health information” or “PHI” is information about you, including demographic information such as Race, Ethnicity, Language, Disability (RELD), Sexual Orientation and/or Gender Identity (SOGI) data, that can reasonably be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the payment for that care.

State and federal law require us to maintain the privacy of your protected health information. This includes protecting all of your information whether it is oral, written or in electronic format. The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) also requires us to provide you this notice about our legal duties and privacy practices.

This notice takes effect **September 1, 2025**. We must follow the privacy practices described in this Notice while it is in effect. We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain. This Notice replaces any other information you have previously received from us with respect to your PHI. Whenever we make an important change, we will publish the updated Notice at <https://healthnewengland.org/notice-of-privacy-practices>. We will inform subscribers whenever we make a material change to the privacy practices described in this notice in one of our periodic mailings.

### ***How does HNE protect my personal health information?***

HNE has a detailed policy on confidentiality. All HNE employees are required to protect the confidentiality of your PHI. An employee may only access your information when they have an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands the policy. On an annual basis, HNE will send a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline, up to and including dismissal. If you would like a copy of HNE’s Policy on Confidentiality, you may request a copy from HNE Member Services. In addition, HNE includes confidentiality provisions in all of its contracts with plan providers. HNE also maintains physical, electronic, and procedural safeguards to protect your information.

### ***How does HNE use or share your health information?***

HNE and its affiliated entities participates in an organized health care arrangement (OHCA) and Accountable Care Organizations (ACOs), such as the Pioneer Valley Accountable Care ACO and the Be Healthy Partnership ACO. HNE providers and other participants in these OHCA and ACOs, will share your medical information among themselves, for treatment, payment, and operations related to the OHCA or ACO.

### ***How does HNE collect protected health information?***

HNE gets PHI from:

- Information we receive directly or indirectly from you, your employer or benefits plan sponsor through applications, surveys, or other forms (e.g., name, address, and social

security number, date of birth, marital status, dependent information, employment information and medical history).

- Providers who are treating you or who are involved in your treatment and/or their staff when they submit claims or request authorization on your behalf for certain services or procedures.
- Attorneys who are representing our members in automobile accidents or other cases.
- Insurers and other health plans.

***How does HNE use and disclose my protected health information?***

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. We can use or disclose your PHI for some reasons without your written agreement. For other reasons, we need you to agree in writing that we can use or disclose your PHI.

**Uses and Disclosures for Treatment, Payment and Health Care Operations:** HNE uses and discloses protected health information in a number of different ways in connection with your treatment, the payment for your health care, and our health care operations. We can also disclose your information to providers and other health plans that have a relationship with you, for their treatment, payment and some limited health care operations. For more information, see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

**The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make without your authorization for these purposes:**

**Treatment:** We may disclose your protected health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. We may also disclose your protected health information to health care providers (including their employees or business associates) in connection with preventive health, early detection and disease and case management programs.

**Payment:** We will use and disclose your protected health information to administer your health benefits policy or contract, which may involve:

- Determining your eligibility for benefits;
- Paying claims for services you receive;
- Making medical necessity determinations;
- Coordinating your care, benefits or other services;
- Coordinating your HNE coverage with that of other plans (if you have coverage through more than one plan) to make sure that the services are not paid twice;
- Responding to complaints, appeals and external review requests;
- Obtaining premiums, underwriting, ratemaking and determining cost sharing amounts; and
- Disclosing information to providers for their payment purposes.

**Health Care Operations:** When we collect Race, Ethnicity, Language, Sexual Orientation, and Gender Identity data, it will not be used for underwriting purposes or denial of coverage or benefits. We will use and disclose your protected health information to support HNE's other business activities, including the following:

- Conducting quality assessment activities, or for the quality assessment activities of providers and other health plans that have a relationship with you;
- Developing clinical guidelines;
- Reviewing the competence or qualifications of providers that treat our members;
- Evaluating our providers' performance as well as our own performance;
- Obtaining accreditation by independent organizations such as the National Committee for Quality Assurance;

- Maintaining state licenses and accreditations;
- Conducting or arranging for medical review, legal services and auditing functions including fraud and abuse detection and compliance programs;
- Business planning and development, including the development of HNE's drug formulary;
- Operation of preventive health, early detection and disease and case management and coordination of care programs, including contacting you or your doctors to provide appointment reminders or information about treatment alternatives, therapies, health care providers, settings of care or other health-related benefits and services;
- Reinsurance activities; and
- Other general administrative activities, including data and information systems management and customer service.

**Health Information Exchanges:** We participate in secure health information exchanges ("HIEs"), such as those operated by Pioneer Valley Information Exchange and the Massachusetts statewide HIE ("Mass HIway"). HIEs help coordinate patient care efficiently by allowing health care providers involved in your care to share health information with each other in a secure and timely manner. Your health information will be accessed, used and disclosed via the HIEs in which Health New England participates for purposes of treatment, payment and health care operations.

**Other Permitted or Required Uses and Disclosures of Protected Health Information:** In addition to treatment, payment and health care operations, federal law allows or requires us to use or disclose your protected health information in the following additional situations without your authorization:

**Abuse or Neglect:** We may make disclosures to government authorities if we believe you have been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.

**Required by Law:** We may use or disclose your protected health information to the extent we are required to do so by state or federal law. For example, the HIPAA law compels us to disclose PHI when required by the Secretary of the Department of Health and Human Services to investigate our compliance efforts.

**Coroners, Funeral Directors and Organ Donation:** We may disclose your protected health information in certain instances to coroners, funeral directors and organizations that help find organs, eyes, and tissue to be donated or transplanted.

**Correctional Institutions:** If you are an inmate in a correctional facility, we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or the health and safety of you or others.

**Health Oversight:** We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.

**Law Enforcement:** We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

**Legal Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.

**Military Activity and National Security:** We may disclose your protected health information to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

**Public Health Activities:** We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability. We also may have to disclose your PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading the disease. In addition, we may make disclosures to a person subject to the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.

**Research:** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

**Threat to Health or Safety:** If we believe that a serious threat exists to your health or safety, or to the health and safety of any other person or the public, we will notify those persons we believe would be able to help prevent or reduce the threat.

**Workers' Compensation:** We may disclose your protected health information to the extent required by workers' compensation laws.

**Other Uses and Disclosures (Requires Written Authorization):** For all other uses or disclosures not described above, HNE will always obtain your written authorization prior to conducting these activities.

**Disclosure of “Highly Confidential” PHI:** Certain kinds of PHI are deemed as “highly confidential” due to the sensitivity of the information. For example:

- Alcohol and drug abuse prevention, treatment and referral
- Genetic testing information
- HIV/AIDS or other sexually transmitted diseases testing, diagnosis or treatment
- Psychotherapy notes

Additional protection might be added for these kinds of PHI as required by state and federal law. HNE will only disclose “highly confidential” PHI only when we have obtained prior written authorization from you unless otherwise required by law.

**Reproductive Health Care Information:** We are prohibited from using or disclosing your reproductive health care information for any of the following purposes:

- Health oversight activities, law enforcement, judicial or administrative proceedings, disclosures to coroners and medical examiner (regarding decedents).

Furthermore, we will not use or disclose PHI for the following purposes:

1. To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care;

2. To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care;
3. To identify any person for any purpose described in (1) or (2).

If we receive a request for your reproductive health care information, the requestor will be required to sign an attestation in certain scenarios to confirm they will not use your information for a non-permitted purpose. For example, we will require the requestor to sign an attestation if the request is related to health oversight activities or law enforcement purposes. The **Attestation Regarding Use or Disclosure of Reproductive Health Care PHI** can be found on Health New England's website at <https://healthnewengland.org/forms>.

**Substance Use Disorder Records Privacy (42 CFR Part 2):** We provide additional protection for Substance Use Disorder (SUD) records in accordance with 42 CFR Part 2. These records are specially protected and require your written consent for most uses and disclosures. Once consent is given, your SUD records may be redisclosed in accordance with HIPAA, unless otherwise restricted.

You have the right to revoke your consent at any time. Revocation must be submitted in writing and will not affect any disclosures made prior to the revocation.

Additionally, de-identified SUD data may be disclosed to public health authorities without your consent, following HIPAA de-identification standards.

***Will HNE give my PHI to my family or friends?***

We will only disclose your PHI to a member of your family (including your spouse), a relative, or a close friend in the following circumstances:

- You have authorized us to do.
- That person has submitted proof of legal authority to act on your behalf.
- That person is involved in your health care or payment for your health care and needs your PHI for these purposes. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We will only release the PHI that is directly relevant to their involvement.
- We may share your PHI with your friends or family members if professional judgment says that doing so is in your best interest. We will only do this if you are not present or you are unable to make health care decisions for yourself. For example, if you are unconscious and a friend is with you, we may share your PHI with your friend so you can receive care.
- We may disclose a minor child's PHI to their parent or guardian. However, we may be required to deny a parent's access to a minor's PHI, for example, if the minor is an emancipated minor or can, under law, consent to their own health care treatment.

***Will HNE disclose my personal health information to anyone outside of HNE?***

HNE may share your protected health information with affiliates and third party "business associates" that perform various activities for us or on our behalf. For example, HNE may delegate certain functions, such as medical management or claims repricing, to a third party that is not affiliated with HNE.

HNE may also share your personal health information with an individual or company that is working as a contractor or consultant for HNE. HNE's financial auditors may review claims or other confidential data in connection with their services. A contractor or consultant may have access to such data when they repair or maintain HNE's computer systems. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information.

HNE may also disclose information about you to your Primary Care Physician, other providers that treat you and other health plans that have a relationship with you, for their treatment, payment and some of their health care operations.

***Will HNE disclose my personal health information to my employer?***

In general, HNE will only release to your employer enrollment and disenrollment information, information that has been de-identified so that your employer can not identify you or summary health information. If your employer would like more specific PHI about you to perform plan administration functions, we will either get your written permission or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI, and they agree that they will not use or disclose the information for employment-related actions and decisions. Talk to your employer to get more details.

***When does HNE need my written authorization to use or disclose my personal health information?***

We have described in the preceding paragraphs those uses and disclosures of your information that we may make either as permitted or required by law or otherwise without your written authorization. For other uses and disclosures of your medical information, we must obtain your written authorization. A written authorization request will, among other things, specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

Many members ask us to disclose their protected health information to third parties for reasons not described in this notice. For example, elderly members often ask us to make their records available to caregivers. To authorize us to disclose any of your protected health information to a person or organization for reasons other than those described in this notice, please call our Member Services Department and ask for an **Authorization of Personal Representative Form**, which can also be found on Health New England's website at <https://healthnewengland.org/forms>.

You should return the completed form to HNE's Enrollment Department at One Monarch Place, Suite 1500, Springfield, MA 01144. You may revoke the authorization at any time by sending us a letter to the same address. Please include your name, address, member identification number and a telephone number where we can reach you.

***What are my rights with respect to my PHI?***

The following is a brief statement of your rights with respect to your protected health information:

**Right to Request Restrictions:** You have the right to ask us to place restrictions on the way we use or disclose your protected health information for treatment, payment or health care operations or to others involved in your health care. However, we are not required to agree to these restrictions. If we do agree to a restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed for an emergency.

**Right to Request Confidential Communications:** You have the right to request to receive communications of protected health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you. We will accommodate reasonable requests. Your request must be in writing.

**Right to Access Your Protected Health Information:** You have the right to see and get a copy of the protected health information about you that is contained in a "designated record set," with some specified exceptions. Your "designated record set" includes enrollment, payment, claims adjudication, case or medical management records and any other records that we use to make decisions about you. Requests for access to copies of your records must be in

writing and sent to the attention of the HNE Legal Department. Please provide us with the specific information we need to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies.

**Right to Amend Your Protected Health Information:** You have the right to ask us to amend any protected health information about you that is contained in a “designated record set” (see above). All requests for amendment must be in writing and on a HNE Request for Amendment form. Please contact the HNE Legal Department to obtain a copy of the form. You also must provide a reason to support the requested amendment. In certain cases, we may deny your request. For example, we may deny a request if we did not create the information, as is often the case for medical information in our records. All denials will be made in writing. You may respond by filing a written statement of disagreement with us, and we would have the right to rebut that statement. If you believe someone has received the unamended protected health information from us, you should inform us at the time of the request if you want them to be informed of the amendment.

**Right to Request a List (accounting) of Certain Disclosures:** You have the right to request an account of the times we have shared your health information. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. HNE will provide an accounting for all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee.

**Right to a Notice in the event of a Breach:** In the event of a data breach, you have the right to receive notice regarding the incident.

**Right to Request a Copy of this Notice:** If you have received this notice electronically, you have the right to obtain a paper copy of this notice upon request.

***Who should I contact if I have a question about this notice or a complaint about how HNE is using my personal health information?***

To exercise your rights under this Notice or to file a complaint with HNE, please call us at (413) 787-4004, toll-free at (800) 310-2835 (TTY: 711) or write to:

Privacy Officer - Compliance Department  
Health New England  
One Monarch Place, Suite 1500  
Springfield, MA 01144-1500

**Complaints to the Federal Government:** If you believe your privacy rights have been violated, you also have the right to file a complaint with the Secretary of the Department of Health and Human Services by calling 1-877-696-6775 or visit their website at <https://www.hhs.gov/ocr/complaints/index.html>.

You will not be retaliated against for filing a complaint with Health New England or the federal government.

This Notice of Privacy Practices is available on Health New England’s website at <https://healthnewengland.org/notice-of-privacy-practices>.

# IMPORTANT INFORMATION: 2025 Medicare Star Ratings

Health New England Medicare Advantage Plans—H8578

Official U.S.  
Government  
Medicare  
Information



For 2025, Health New England Medicare Advantage Plans—H8578 received the following Star Ratings from Medicare:

Overall Star Rating: ★★☆☆☆

Health Services Rating: ★★☆☆☆

Drug Services Rating: ★★☆☆☆



Every year, Medicare evaluates plans based on a 5-star rating system.

## Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

## Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars shows how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan—for example, members may get better care and better, faster customer service.

## Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

## Questions about this plan?

Contact Health New England Medicare Advantage Plans 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at (877) 443-3314 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members, please call (877) 443-3314 (toll-free) or 711 (TTY).





# Where you matter.

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At Health New England, our mission is to improve the health and lives of the people in our communities, and we are deeply committed to the individuals we serve every day. Based in Springfield, Massachusetts, we have been meeting the health care needs of our members for 40 years.

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EGWP Pre-Kit Medicare SECURE (HMO)  
COM5694\_0925 REV: 10/8/25

One Monarch Place, Suite 1500  
Springfield, MA 01144-1500  
(413) 787-0010 | (877) 443-3314 | TTY: 711

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[healthnewengland.org/medicare](http://healthnewengland.org/medicare)

