# NaviCare® HMO SNP offered by Fallon Community Health Plan (Fallon Health)

# Annual Notice of Change for 2026

## Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits and coverage. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, otherwise known as the *Evidence of Coverage*, which is located on our website at <u>fallonhealth.org/navicare</u>. Call Enrollee Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

### Additional resources

- This document is available for free in Spanish, Vietnamese, and Khmer. Other languages are available for free upon request.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call Enrollee Services at 1-877-700-6996, TTY users please call TRS 711. Hours are 8 a.m.–8.p.m., Monday–Friday (7 days a week, Oct. 1–March 31). The call is free.
- A member's preferred language, both written and spoken, or request for information in an alternate format is requested by the plan on each member's enrollment form. The member's language preference will be captured and stored in the plan's central operating system for all communications, so the members will not need to make a separate request each time.
- Enrolled members may change their preferred language or communications format by informing a member of their Interdisciplinary Care Team (ICT) or by calling NaviCare Enrollee Services at 1-877-700-6996 (TRS 711).

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### A. Disclaimers

- NaviCare is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone 65 and older who qualifies for MassHealth Standard and Original Medicare and does not have any other comprehensive health insurance, except Medicare.
- MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit <a href="www.mass.gov/info-details/massachusetts-medicaid-estate-recovery">www.mass.gov/info-details/massachusetts-medicaid-estate-recovery</a>.

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

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

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

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

- Medicare options in the table in Section E2.
- MassHealth options and services in **Section E2**.

### **B1. Information about NaviCare HMO SNP**

- Fallon Health is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means NaviCare HMO SNP.

## B2. Important things to do

- Check if there are any changes to our benefits that may affect you.
  - Are there any changes that affect the services you use?
  - Review benefit changes to make sure they'll work for you next year.
  - Refer to Section D1 for information about benefit changes for our plan.
- Check if there are any changes to our drug coverage that may affect you.
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - o Review changes to make sure our drug coverage will work for you next year.
  - o Refer to **Section D2** for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to Section C for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan. NOTE: NaviCare members have no cost for covered services.
  - O How do the total costs compare to other coverage options?
- Think about whether you're happy with our plan.

# If you decide to stay with NaviCare HMO SNP:

# If you decide to change plans:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in NaviCare HMO SNP.

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section E2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

# C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

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

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

# D. Changes to benefits for next year

# D1. Changes to benefits for medical services

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

	2025 (this year)	2026 (next year)
Dental services	<ul> <li>The following frequency limitation applies. This is not a guarantee of coverage.</li> <li>Implants and related services are covered for a maximum of 4 implants per calendar year.</li> </ul>	<ul> <li>The following frequency limitation applies. This is not a guarantee of coverage.</li> <li>Implants and related services are covered for a maximum of 2 implants per calendar year.</li> </ul>
Diabetes self-management training, diabetic services, and supplies	Our preferred blood glucose monitors are OneTouch® glucose monitors and test strips (up to five test strips per day) manufactured by LifeScan.	Our preferred blood glucose monitors are Accu-Chek® glucose monitors and test strips (up to five test strips per day) manufactured by Roche. Plan members can obtain an Accu-Chek® glucose monitor at network pharmacies.

	2025 (this year)	2026 (next year)
In-home support services	You pay \$0 for up to 60 hours of services per calendar year. You pay all costs for services after 60 hours per calendar year.	In-home support services <b>are not</b> covered.
Medicare Part B prescription drugs  This section is continued	Step Therapy is required for the following Part B prescription drugs:  Abraxane Aloxi/Palonestrom (avyxa) Asceniv/Alyglo/Yimmugo Avastin/Alymsys/Vegzelma/Avzivi/Bendamustine Beovu Bortezomib Cimerli Durolane/Gel-One/GelSyn3/GenVisc 850/Hyalgan/Hymovis/Monovisc/Orthovisc/sodium hyaluronate/Supartz/Supartz FX/Synojoynt/Trivisc/VISCO-3/Triluron Eylea/Eylea HD Fusilev/Khapzory Herceptin Hylecta Herzuma/Ogivri/Hercessi HP Acthar Lucentis/Byooviz Macugen Neupogen Pemfexy Procrit/Epogen (non-ESRD) Prolia/Xgeva/Wgost/Jubbonti Remicade/Avsola/Renflexis/infliximab	Step Therapy is required for the following Part B prescription drugs:  Abraxane Actemra IV/Tofidence/ tocilizumab-anoh/ Avtozma Aloxi/Palonestrom (avyxa) Asceniv/Alyglo/Yimmugo Avastin/Alymsys/ Vegzelma/Avzivi/Jobevne Bendeka Beovu Bortezomib Cimerli Cinqair Durolane/Gel-One/ GelSyn3/GenVisc 850/Hyalgan/Hymovis/ Monovisc/Orthovisc/ sodium hyaluronate/ Supartz/Supartz FX/ Synojoynt/Trivisc/ VISCO-3/Triluron Eylea/Eylea HD Fusilev/Khapzory Herceptin Hylecta Herceptin/Ontruzant/ Herzuma/Ogivri/Hercessi HP Acthar Lucentis/Byooviz Macugen Nupogen Nypozi Pavblu/Ahzantive/ Enzeevu Pemfexy/Pemetrexed
on the next page.	Releuko/Granix/Nivestym	dipotassium/Pemrydi

	2025 (this year)	2026 (next year)
	<ul> <li>Rituxan Hyleca</li> <li>Rituxan/Riabni/Ruxience</li> <li>Rolvedon</li> <li>Ryzneuta</li> <li>Soliris/Bkemv</li> <li>Sustol</li> <li>Susvimo</li> <li>Treanda/Vivimusta</li> <li>Udenyca/Ziextenzo/ Nyvepria/ Stimufend/ Fylnetra</li> <li>Ultomiris</li> <li>Vabysmo</li> <li>Zilretta</li> </ul>	<ul> <li>Piasky</li> <li>Procrit/Epogen (non-ESRD)</li> <li>Prolia/Xgeva/Wgost/ Jubbonti/Xbryk/Ospomyv/ Osenvelt/Stobpclo/ Bomyntra/Conexxence</li> <li>Remicade/Avsola/ Renflexis/infliximab</li> <li>Releuko/Granix/Nivestym</li> <li>Rituxan Hyleca</li> <li>Rituxan/Riabni/Ruxience</li> <li>Rolvedon</li> <li>Ryzneuta</li> <li>Soliris/Bkemv/Epysqli</li> <li>Sustol</li> <li>Susvimo</li> <li>Treanda/Vivimusta</li> <li>Udenyca/Ziextenzo/ Nyvepria/Stimufend/ Fylnetra</li> <li>Ultomiris</li> <li>Vabysmo</li> <li>Zilretta</li> </ul>
Non-urgent non-medical transportation	You pay \$0 for up to 130 MassHealth (Medicaid)-covered one-way transports per year.	Not a covered benefit.  Refer to Special Supplemental Benefits for the Chronically III and Transportation services - plan approved health- related for information on transportation benefits.

	2025 (this year)	2026 (next year)
Over-the-Counter items	You pay \$0 for MassHealth (Medicaid)-covered over-the-counter items.  Using the Save Now card, you pay \$0 for:  • approved over-the-counter items, up to \$275 every quarter. You pay all costs over \$275 per quarter.  Any unused balances at the end of each calendar quarter	You pay \$0 for MassHealth (Medicaid)-covered over-the-counter items.  Using the Save Now card, you pay \$0 for:  • approved over-the-counter and health-related items, up to \$375 every quarter. You pay all costs over \$375 per quarter.  Any unused balances at the
	will not roll over into the following quarter.	end of each calendar quarter will not roll over into the following quarter.
Special Supplemental Benefits for the Chronically III	You pay \$0 for \$100 per calendar quarter from the Save Now OTC funds designated for the purchase of Fallon Health-approved food and produce at network retailers. You pay all costs over \$100 per calendar quarter.	You pay \$0 for \$200 per calendar quarter from the Save Now OTC funds designated for the purchase of Fallon Health-approved food and produce at network retailers. You pay all costs over \$200 per calendar quarter.  100 one-way trips to non-
		emergent non-medical approved locations per year.
Transportation services – plan approved health-related	Not a covered benefit.	You pay \$0 for up to 48 one- way transports to approved pharmacy locations per year. One-way trips are limited to 4 per month.

# D2. Changes to drug coverage

## Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at <u>fallonhealth.org/navicare</u>. You may also call Enrollee Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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

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

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

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Enrollee Services at the numbers at the bottom of the page or contact your Navigator to ask for a *List of Covered Drugs* that treat the same condition.
  - o This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
  - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 8 of your Member Handbook or call Enrollee Services at the numbers at the bottom of the page.
  - If you need help asking for an exception, contact Enrollee Services or your Navigator. Refer to Chapters 2 and 3 of your Member Handbook to learn more about how to contact your Navigator.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first
     108 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)

- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.
- Formulary exceptions can be requested at any time and are reviewed and approved throughout the course of the plan year. If you have a current approved formulary exception for a medicine, it will still be valid through its expiration date even if it's into a different plan year. If the expiration date is coming up and you still need the medicine, you and your provider will need to submit a new formulary exception request.

# E. Choosing a plan

## E1. Staying in our plan

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

# **E2.** Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have MassHealth, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from **October 15 to December 7**. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1, 2026.
- The Medicare Advantage (MA) Open Enrollment Period, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

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

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

### **Your Medicare services**

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.

### 1. You can change to:

Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dualeligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.

### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new integrated D-SNP.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900.

If you need help or more information:

 Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit mass.gov/healthinsurance-counseling.

#### OR

Enroll directly with a new integrated D-SNP.

You'll automatically be disenrolled from our plan when your new plan's coverage begins.

### 2. You can change to:

# Original Medicare with a separate Medicare drug plan

### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare drug plan.

If you need help or more information:

 Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit mass.gov/healthinsurance-counseling.

### **OR**

Enroll in a new Medicare drug plan.

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

### 3. You can change to:

# Original Medicare without a separate Medicare drug plan

**NOTE**: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.

#### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare.

If you need help or more information:

 Call SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

### 4. You can change to:

Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.

### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new Medicare plan.

For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900.

If you need help or more information:

 Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.

### OR

Enroll in a new Medicare plan.

You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.

#### Your MassHealth services

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

# F. Getting help

## F1. Our plan

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

### Read your Member Handbook

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

The *Member Handbook* for 2026 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at <u>fallonhealth.org/navicare</u>. You may also call Enrollee Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

### Our website

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

## F2. SHINE Program (Serving Health Insurance Needs of Everyone)

You can also call the state health insurance program (SHIP). In Massachusetts, the SHIP is called the SHINE (Serving the Health Insurance Needs of Everyone). SHINE can help you understand your plan choices and answer questions about switching plans. SHINE isn't connected with us or with any insurance company or health plan. SHINE has trained counselors in every county within our service area and services are free. SHINE phone number is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only). For more information or to find a local SHINE office in your area, please visit <a href="https://www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program">www.mass.gov/info-details/serving-the-health-insurance-needs-of-everyone-shine-program</a>.

# F3. My Ombudsman

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

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsman Program is 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
  - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.

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

### F4. Medicare

To get information directly from Medicare:

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

#### Medicare's Website

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

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

### Medicare & You 2026

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

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

### F5. MassHealth

MassHealth (Medicaid) (or Medical Assistance) – is a joint Federal and state program that helps with medical costs for some people with low incomes and limited resources. State Medicaid programs vary, but most health care costs are covered if you qualify for both Medicare and Medicaid.

To get information about MassHealth (Medicaid) programs and eligibility, you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 1-800-497-4648. They are available 8 a.m.–5 p.m., Monday–Friday.