



2022 Benefit Highlights

**Medicare Advantage HMO
with Prescription Drugs**
San Joaquin County • Santa Clara County



**2022 Benefit
Highlights**
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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Service Area	Must reside in San Joaquin County	Must reside in Santa Clara County	Must reside in San Joaquin County or Santa Clara County
Other Eligibility Requirements	Must have Medicare Part A and Part B	Must have Medicare Part A and Part B	Must have Medicare Part A and Part B
Maximum Out of Pocket	\$7,550	\$7,550	\$7,550 For some people this may be paid in part or in full by Medicaid or a third party
Part C Monthly Premium	\$0	\$0	\$0
Part D Monthly Premium	\$0	\$0	\$33.10* For some people this may be paid in part or in full by Medicaid or a third party

*Part D Monthly Premium may vary based on the level of Extra Help you receive

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**Choice (HMO)
San Joaquin County**

**Choice (HMO)
Santa Clara County**

**Plus (HMO)
San Joaquin County
& Santa Clara County**

**Nurse Advice
Hotline**

\$0

\$0

\$0

**Primary Care
Office Visit**

\$0

\$0

\$0

**Specialist
Office Visit**

\$0

\$0

\$0

**Rehabilitation
Services
(Physical, Speech,
Occupational Therapy)**

\$0

\$0

20%
For people with full
Medicaid, this coinsurance
may be paid in part or in full
by Medicaid or a third party

Lab Work

\$0

\$0

\$0

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**Choice (HMO)
San Joaquin County**

**Choice (HMO)
Santa Clara County**

**Plus (HMO)
San Joaquin County
& Santa Clara County**

**Diabetes
Supplies**

\$0

\$0

\$0

X-Rays

\$0

\$0

20%
For people with full
Medicaid, this coinsurance
may be paid in part or in full
by Medicaid or a third party

**Complex
Diagnostics
(MRI, CT-Scan)**

\$45

\$0

20%
For people with full
Medicaid, this coinsurance
may be paid in part or in full
by Medicaid or a third party

Home Health Care

\$0

\$0

\$0

**Urgent Care
Visit**

\$0

\$0

\$0

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Ambulance Services	\$125 (Waived if admitted within 24 hours)	\$100 (Waived if admitted within 24 hours)	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Emergency Room Visit	\$90 (Waived if admitted within 24 hours)	\$90 (Waived if admitted within 24 hours)	20%, not to exceed \$90 For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Inpatient Hospitalization (Acute Care)	\$100 per day, days 1-3 \$0 per day, days 4-90 (\$0 for Unlimited additional days)	\$100 per day, days 1-5 \$0 per day, days 6-90 (\$0 for Unlimited additional days)	\$1,556 deductible* days 1–60; \$389 per day, days 61–90*; \$778 copay for lifetime reserve days
Skilled Nursing Facility (no prior hospital stay required)	\$0 per day, days 1-20 \$75 per day, days 21-100	\$0 per day, days 1-20 \$100 per day, days 21-100	\$0 per day, days 1–20; \$194.50 per day, days 21–100*
Inpatient Mental Health	\$200 per day, days 1–8, \$0 for days 9–90	\$200 per day, days 1–8, \$0 for days 9–90	\$1,556 deductible* days 1–60; \$371 per day, days 61–90*

*For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2023.

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Outpatient Mental Health Visits	\$20	\$25	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Outpatient Surgery at Ambulatory Surgical Center	\$100	\$100	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Hospital Outpatient Services & Diagnostics	\$125	\$125	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Durable Medical Equipment	20%	20%	20% For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party
Routine Hearing Exam	\$0	\$0	\$0

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Hearing Aid Allowance	\$500 Limit every year per ear	\$500 Limit every year per ear	\$500 Limit every year per ear
Routine Acupuncture or Chiropractor Visits	\$0 Up to 15 annual combined visits	\$0 Up to 15 annual combined visits	\$0 Up to 15 annual combined visits
SilverSneakers® Membership	\$0 Annual membership with multiple locations	\$0 Annual membership with multiple locations	\$0 Annual membership with multiple locations
Transportation to Plan Approved Providers	\$0 24 one-way trips Annually	\$0 32 one-way trips Annually	\$0 44 one-way trips Annually
Annual Maximum on Worldwide Coverage	\$25,000 per year for emergency or urgently needed care while outside the United States	\$25,000 per year for emergency or urgently needed care while outside the United States	\$50,000 per year for emergency or urgently needed care while outside the United States

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Routine Eye Exam and Refraction	\$0 (1 every year)	\$0 (1 every year)	\$0 (1 every year)
Eyewear Frames from VSP Genesis Collection	Free Once every 24 months	Free Once every 24 months	Free Once every 24 months
Tier 1 – Preferred Generic Drugs (30 Day Supply)	\$0	\$0	\$0
Tier 2 – Generic Drugs (30 Day Supply)	\$4	\$7	\$0, \$1.35, \$4.00, or 15% based on low income subsidy. Or 25% if no low income subsidy exists
Tier 3 – Preferred Brand Drugs (30 Day Supply)	\$40	\$45	\$0, \$3.95, \$9.85, or 15% based on low income subsidy. Or 25% if no low income subsidy exists

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	Choice (HMO) San Joaquin County	Choice (HMO) Santa Clara County	Plus (HMO) San Joaquin County & Santa Clara County
Tier 4 – Non-Preferred Drugs (30 Day Supply)	\$100	\$100	\$0, \$1.35, \$3.95, \$4.00, \$9.85, or 15% based on low income subsidy. Or 25% if no low income subsidy exists
Tier 5 – Specialty Drugs (30 Day Supply)	33% coinsurance	33% coinsurance	\$0, \$3.95, \$9.85, or 15% based on low income subsidy. Or 25% if no low income subsidy exists
Prescription Drug Coverage in the Gap	Tier 1 Tier 2	Tier 1	Not covered by Plan. Some members may be covered by Low Income Subsidy Assistance.
Catastrophic Coverage	LIS Member level 1-3 : Pay \$0 LIS level 4 and Non-LIS Members: After yearly out-of-pocket costs reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 for generic (including brand drugs treated as generic) and \$9.85 for all other drugs		
Sildenafil Citrate (Erectile Dysfunction) prescription medication (6 tablets per 30 days)	\$4 GAP Coverage	\$7 No Gap Coverage	25% No Gap Coverage

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**Choice (HMO)
San Joaquin County**

**Choice (HMO)
Santa Clara County**

**Plus (HMO)
San Joaquin County
& Santa Clara County**

**Over-The-Counter
(OTC) Items
Allowance**

**\$25
Quarterly**

**\$25
Quarterly**

**\$55
Quarterly**

**Preventive
Dental Coverage**

Covered

Covered

Covered

**Comprehensive
Dental Coverage**

Not Covered

Not Covered

Not Covered

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-333-3530 (TTY 711).
Spanish (Español): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-333-3530 (TTY 711).
Chinese (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-333-3530 (TTY 711)。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-333-3530 (TTY 711).

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-333-3530 (ATS 711).

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-333-3530 (TTY 711).

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-333-3530 (TTY 711).

Korean (한국어): 주의: 한국어를사용하시는경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-333-3530 (TTY 711) 번으로 전화해 주십시오.

Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-333-3530 (телетайп 711).

Arabic (العربية): ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 1-866-333-3530 (رقم هاتف الصم والبكم 711).

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-333-3530 (TTY 711) पर कॉल करें।

Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-333-3530 (TTY 711).

Portuguese (Português): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-333-3530 (TTY 711).

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-333-3530 (TTY 711).

Polish (Polski): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-333-3530 (TTY 711).

Greek (Ελληνικά): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-333-3530 (TTY 711).

Japanese (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-333-3530 (TTY 711) まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-333-3530 (TTY 711)។

Lao/Laotian (ພາສາລາວ): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-333-3530 (TTY 711).

Gujarati (ગુજરાતી): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-333-3530 (TTY 711).

Discrimination is Against the Law

CCA Health California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, or geographic location. CCA Health does not exclude people or treat them differently because of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

CCA Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CCA Health Member Service Department at 1-866-333-3530 (TTY/TDD: 711) to help you. Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday from April 1 through September 30. You can also ask for a Civil Rights Coordinator who works for CCA Health.

If you believe that CCA Health 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:

CCA Health

Member Services Department (Complaints)

18000 Studebaker Road, Suite 150

Cerritos, CA 90703 1-866-333-3530 (TTY/TDD: 711) FAX: 1-866-207-6539

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a CCA Health Civil Rights 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

CCA Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

CCA Health 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或性別而□視任何人。

CCA Health Choice (HMO) and Plus (HMO) are health plans with a Medicare contract. Enrollment depends on contract renewal. This information is not a complete description of benefits. Call 1-866-333-3530 (TTY/TDD 711) for more information 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m. Monday to Friday from April 1 through September 30.

2022 Benefit Highlights

Medicare Advantage HMO with Prescription Drugs

San Joaquin County
Santa Clara County



CCA Health California

18000 Studebaker Road, Suite 150
Cerritos, CA 90703

*For enrollment inquiries, or to speak
to a Member Services representative, please
call 1-866-333-3530 or TTY/TDD 711
8 a.m. to 8 p.m. seven days a week
from October 1 through March 21, and
8 a.m. to 8 p.m. Monday through Friday
from April 1 through September 30*

ccahealthca.org