

# 2023 SUMMARY OF BENEFITS

CCA Health California

CCA Medicare Excel (HMO)

San Joaquin County | Santa Clara County



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18000 Studebaker Rd, #150  
Cerritos, CA 90703

H1426 – 001/002 H1426\_23\_019\_M



# INTRODUCTION TO SUMMARY OF BENEFITS

**H1426 – 001/002**

**CCA Health California**

**January 1, 2023 – December 31, 2023**

CCA Medicare Excel (HMO) is a health plan with a Medicare contract. Enrollment depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage (EOC).”

## **WHO CAN JOIN?**

To join CCA Health, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: San Joaquin and Santa Clara.

## **WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?**

This Plan has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, CCA Health may not pay for these services.

For coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.

## **MEMBER SERVICE INFORMATION**

For more information, please call us at 1-866-333-3530 (TTY users should call 711).

Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, except holidays, and 8 a.m. to 8 p.m., Monday through Friday, from April 1 through September 30, except holidays. Messages received on holidays and outside of our business hours will be returned within one business day. Or visit us at [www.ccahealthca.org](http://www.ccahealthca.org).

**You can get this document for free in other formats, such as large print, braille, or audio. Call 866-333-3530 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday.) The call is free.**

Premiums & Benefits	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
<b>Monthly Plan Premium</b>	<b>\$0</b> You must keep paying your Medicare Part B premium	<b>\$0</b> You must keep paying your Medicare Part B premium
<b>Deductible</b>	No deductible	No deductible
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	<b>\$2,500</b> Annual in-network	<b>\$2,500</b> Annual in-network
<b>Inpatient Hospital</b>	No deductible. <b>\$0</b> per day for days 1-3 <b>\$100</b> for days 4-7 <b>\$0</b> for day 8-90  You pay \$0 for unlimited additional days beyond 90 Services may require authorization	No deductible. <b>\$0</b> per day for days 1-3 <b>\$100</b> for days 4-7 <b>\$0</b> for day 8-90  You pay \$0 for unlimited additional days beyond 90 Services may require authorization
<b>Outpatient Hospital</b>	<b>\$150 copay</b> Services may require authorization and a referral	<b>\$150 copay</b> Services may require authorization and a referral
<b>Ambulatory Surgery Center</b>	<b>\$75 copay</b> Services may require authorization & referral	<b>\$75 copay</b> Services may require authorization & referral

<b>Premiums &amp; Benefits</b>	<b>CCA Medicare Excel (HMO) San Joaquin</b>	<b>CCA Medicare Excel (HMO) Santa Clara</b>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• <b>Primary Care</b></li> <li>• <b>Specialists</b></li> </ul>	<p style="text-align: center;"><b>\$0 copay</b></p> <p style="text-align: center;">Specialist services may require authorization and a referral</p>	<p style="text-align: center;"><b>\$0 copay</b></p> <p style="text-align: center;">Specialist services may require authorization and a referral</p>
<b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings)	<p style="text-align: center;"><b>\$0 copay</b></p>	<p style="text-align: center;"><b>\$0 copay</b></p>
<b>Emergency Care</b>	<p style="text-align: center;"><b>\$90 copay</b></p> <p style="text-align: center;">If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay</p>	<p style="text-align: center;"><b>\$90 copay</b></p> <p style="text-align: center;">If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay</p>
<b>Urgently Needed Services</b>	<p style="text-align: center;"><b>\$0 copay</b></p>	<p style="text-align: center;"><b>\$0 copay</b></p>
<ul style="list-style-type: none"> <li>• <b>Diagnostic Services</b></li> <li>• <b>Labs/Imaging</b></li> <li>• <b>Diagnostic Tests and Procedures</b></li> </ul>	<p style="text-align: center;"><b>\$0 – \$45 copay</b></p>	<p style="text-align: center;"><b>\$0 copay</b></p>
<ul style="list-style-type: none"> <li>• <b>Lab Services</b></li> <li>• <b>MRI, CT-scan</b></li> <li>• <b>X-Rays</b></li> </ul>	<p style="text-align: center;"><b>\$0 copay</b> <b>\$45 copay</b> <b>\$0 copay</b></p> <p style="text-align: center;">Services may require authorization and a referral</p>	<p style="text-align: center;"><b>\$0 copay</b> <b>\$0 copay</b> <b>\$0 copay</b></p> <p style="text-align: center;">Services may require authorization and a referral</p>

<b>Premiums &amp; Benefits</b>	<b>CCA Medicare Excel (HMO) San Joaquin</b>	<b>CCA Medicare Excel (HMO) Santa Clara</b>
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• <b>Routine Hearing Exam</b></li> <li>• <b>Hearing aid annual allowance</b></li> </ul>	<p><b>\$0 copay</b> for one routine hearing exam per year</p> <p><b>\$1,000 allowance</b> for two hearing aids per year</p> <p>Services may require authorization</p>	<p><b>\$0 copay</b> for one routine hearing exam per year</p> <p><b>\$1,000 allowance</b> for two hearing aids per year</p> <p>Services may require authorization</p>
<b>Dental Services (Preventive Only)</b> <b>Oral Exam and Cleaning</b>	<p>N/A</p>	<p>N/A</p>
<b>Vision Services – Routine Eye Exam</b>	<p><b>\$0 copay</b> for one routine eye exam per year</p> <p>Services may require authorization</p>	<p><b>\$0 copay</b> for one routine eye exam per year</p> <p>Services may require authorization</p>
<b>Eyewear (contact lenses and frames and lenses)</b>	<p><b>\$0 copay</b> or base lenses (single, bifocal, trifocal) once every year</p> <p><b>\$0 copay</b> up to <b>\$300</b> plan coverage limit for frames or contact lenses every year</p> <p>*Authorization rules may apply</p> <p>Contact the plan for details</p>	<p><b>\$0 copay</b> for base lenses (single, bifocal, trifocal) once every year.</p> <p><b>\$0 copay</b> up to <b>\$300</b> plan coverage limit for frames or contact lenses every year</p> <p>*Authorization rules may apply</p> <p>Contact the plan for details</p>

<b>Premiums &amp; Benefits</b>	<b>CCA Medicare Excel (HMO) San Joaquin</b>	<b>CCA Medicare Excel (HMO) Santa Clara</b>
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<p style="text-align: center;"><b>\$25 copay</b> Services may require authorization and a referral</p>	<p style="text-align: center;"><b>\$25 copay</b> Services may require authorization and a referral</p>
<b>Skilled Nursing Facility (SNF)</b>	<p style="text-align: center;"><b>\$0 copay days 1–20; \$75 copay per day, for days 21–100</b> Services may require authorization and a referral</p>	<p style="text-align: center;"><b>\$0 copay days 1–20; \$100 copay per day for days 21–100</b> Services may require authorization and a referral</p>
<b>Physical Therapy</b>	<p style="text-align: center;"><b>\$0 copay</b> Services may require authorization and a referral</p>	<p style="text-align: center;"><b>\$0 copay</b> Services may require authorization and a referral</p>
<b>Ambulance</b>	<p style="text-align: center;"><b>\$125 copay</b> If you are admitted to the hospital, you do not pay the ambulance copay Authorization may be required for non-emergency ambulance transport</p>	<p style="text-align: center;"><b>\$100 copay</b> If you are admitted to the hospital, you do not pay the ambulance copay Authorization may be required for non-emergency ambulance transport</p>
<b>Transportation</b>	<p style="text-align: center;"><b>\$0 copay for up to 48 one-way medical trips to plan-approved locations each year</b> Services may require authorization</p>	<p style="text-align: center;"><b>\$0 copay for up to 48 one-way medical trips to plan-approved locations each year</b> Services may require authorization</p>

Premiums & Benefits	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
<b>Medicare Part B Drugs</b>	<b>20% of the cost</b> Services may require authorization.	<b>20% of the cost</b> Services may require authorization.

Outpatient Prescription Drugs		
<b>Part D Deductible</b>	No Deductible	No Deductible
<b>Retail and Mail Order Rx 30-Day Supply</b>		
<b>Initial Coverage</b> You are in the initial coverage stage until you reach \$4,660 in drug costs (year to date)		
<b>Tier 1 – Preferred Generic</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 2 – Generic</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Insulin<sup>1</sup> (NovoLog<sup>®</sup>)</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 3 – Preferred Brand</b>	<b>\$30 copay</b>	<b>\$35 copay</b>
<b>Tier 4 – Non-Preferred Drug</b>	<b>\$90 copay</b>	<b>\$90 copay</b>
<b>Tier 5 – Specialty Tier</b>	<b>33% of the cost</b>	<b>33% of the cost</b>

<sup>1</sup> For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or “donut hole” stages of your benefit. Subject to the terms set forth in the Inflation Reduction Act, you will never pay more than 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.



<b>Outpatient Prescription Drugs</b>		
	<b>CCA Medicare Excel (HMO) San Joaquin</b>	<b>CCA Medicare Excel (HMO) Santa Clara</b>
<b>Retail and Mail Order 90-Day Supply</b>		
<b>Initial Coverage</b> You are in the initial coverage stage until you reach \$4,660 in drug costs (year to date)		
<b>Tier 1 – Preferred Generic</b> <b>Tier 2 – Generic</b> <b>Tier 3 – Preferred Brand</b> <b>Tier 4 – Non-Preferred Drug</b> <b>Tier 5 – Specialty Tier</b>	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$60 copay</b> <b>\$180 copay</b> <b>Tier 5 not available</b>	<b>\$0 copay</b> <b>\$0 copay</b> <b>\$70 copay</b> <b>\$180 copay</b> <b>Tier 5 not available</b>
<b>Coverage Gap (Donut Hole)</b> begins once you reach your Medicare Part D plan’s initial coverage limit (\$4,660 in 2023) and ends when you spend a total of \$7,400 out-of-pocket in 2023.	<b>You pay \$0 for Tier 1 and 2</b> During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs for drugs in Tier 3, Tier 4, and Tier 5. Members with Low Income Subsidy pay their LIS level copay	<b>You pay \$0 for Tier 1</b> During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs for drugs in Tier 2, 3, Tier 4, and Tier 5. Members with Low Income Subsidy pay their LIS level copay

## Outpatient Prescription Drugs

	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
<b>Catastrophic Coverage</b>	During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2023)	
Cost-sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit		

<b>Supplemental Benefits</b>		
	<b>CCA Medicare Excel (HMO) San Joaquin</b>	<b>CCA Medicare Excel (HMO) Santa Clara</b>
<b>Over-The-Counter (OTC) Items</b>	You get up to <b>\$55 allowance</b> every three (3) months to purchase Medicare approved OTC items using your Healthy Savings Card at in-store retailers or home delivery	You get up to <b>\$55 allowance</b> every three (3) months to purchase Medicare approved OTC items using your Healthy Savings Card at in-store retailers or home delivery
<b>Acupuncture and/or Chiropractor Visits</b>	You pay <b>\$0 for 15</b> combined treatments per year. Services may require authorization	You pay <b>\$0 for 15</b> combined treatments per year. Services may require authorization
<b>Wellness Programs – Gym Membership</b>	<b>\$0 copay</b> for Silver&Fit® membership This includes access to gyms, at home kits, or digital workout videos	<b>\$0 copay</b> for Silver&Fit® membership This includes access to gyms, at home kits, or digital workout videos
<b>Nurse Advice Line</b>	<b>You pay \$0 copay</b>	<b>You pay \$0 copay</b>
<b>Flexible Spending Card</b>	<b>\$100 per year</b> on your Healthy Savings card to be used at vision provider offices toward eyewear including frame and lens enhancements	<b>\$100 per year</b> on your Healthy Savings card to be used at vision provider offices toward eyewear including frame and lens enhancements

## NOTICE OF NONDISCRIMINATION

Commonwealth Care Alliance, Inc.® complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- 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 Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and

gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with the Civil Rights Coordinator by mail at:

CCA Health California  
Member Services Department (Complaints)  
18000 Studebaker Road, Suite 150  
Cerritos, CA 90703

Phone: 866-333-3530 (TTY 711) Fax: 866-207-6672

You can file a grievance in person or by mail, or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. For help contacting the Civil Rights Coordinator, call Member Services.

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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](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

Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).

## 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: 한국어를 사용하시는 경우, 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).

## MULTI-LANGUAGE INTERPRETER SERVICES

**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៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ 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 છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-333-3530 (TTY 711).