

2021 Summary of Benefits

Commonwealth Care Alliance®
(Medicare-Medicaid Plan) One Care Plan



Commonwealth Care Alliance (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.

30 Winter Street
Boston, MA 02108

H0137_SB_2021



Commonwealth Care Alliance: **Summary of Benefits**

Introduction

This document is a brief summary of the benefits and services covered by Commonwealth Care Alliance. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Commonwealth Care Alliance. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. For more information, visit www.commonwealthonecare.org.

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A. Disclaimers



This is a summary of health services covered by Commonwealth Care Alliance for 2019. This is only a summary. Please read the Member Handbook for the full list of benefits.

- Commonwealth Care Alliance (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees. It is for people with both Medicare and MassHealth ages 21 through 64 at the time of enrollment.
- Under Commonwealth Care Alliance you can get your Medicare and MassHealth services in one health plan called a One Care plan. A Commonwealth Care Alliance Care Partner will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- Limitations and restrictions may apply. For more information, call Commonwealth Care Alliance Member Services or read the Commonwealth Care Alliance Member Handbook.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year.
- If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free.
- Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY: llamar a MassRelay al 711), 8 a.m. – 8 p.m., 7 días a la semana. Este es un servicio gratuito.
- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March



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31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free.

- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free.
- We will keep your request for alternative formats and special languages on file for future mailings.



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Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY: 711).

Spanish (Español): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (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 1-866-610-2273 (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 1-866-610-2273 (TTY: 711).

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-610-2273 (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 1-866-610-2273 (TTY: 711).

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-610-2273 (TTY: 711).

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-610-2273 (TTY: 711) 번으로 전화해 주십시오.

Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-610-2273 (телетайп: 711).

Arabic (عربية): ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-668-016-3722 (رقم هاتف الصم والبكم: 117).

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।



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Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-610-2273 (TTY: 711).

Portuguese (Português): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-610-2273 (TTY: 711).

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-610-2273 (TTY: 711).

Polish (Polski): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Greek (λληνικά): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-610-2273 (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。1-866-610-2273 (TTY: 711) まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY: 711)។

Lao/Laotian (ພາສາລາວ): ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-610-2273 (TTY: 711).

Gujarati (ગુજરાતી): સુચના: જો તમે ગુજરાતી બોલતા હો, તો બિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-610-2273 (TTY: 711).

Notice of Nondiscrimination

Commonwealth Care Alliance® complies with applicable Federal civil rights laws and does not discriminate on the basis 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, or public assistance. Commonwealth Care Alliance does not 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, or public assistance.



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Commonwealth Care Alliance:

- 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 Civil Rights Coordinator.

If you believe that Commonwealth Care Alliance has failed to provide these services or discriminated in another way on the basis 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, or public assistance, you can file a grievance with:

Civil Rights Coordinator
30 Winter Street
Boston, MA 02108
Phone: 1-617-960-0474, ext. 3932, (TTY: 711)
Fax: 1-617-249-0709
E-mail: civilrightscordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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



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Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a One Care Plan?	A One Care Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Care Partners to help you manage all your providers and services and supports. They all work together to provide the care you need. Commonwealth Care Alliance (Medicare-Medicaid Plan) is a One Care Plan that provides benefits of MassHealth and Medicare to enrollees in the One Care program.
What is a Commonwealth Care Alliance Care Partner?	A Commonwealth Care Alliance Care Partner is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
What is a Long-term Supports (LTS) Coordinator?	A Commonwealth Care Alliance LTS Coordinator is a person for you to contact and have on your care team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home.



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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and MassHealth benefits in Commonwealth Care Alliance that you get now?	<p>You will get your covered Medicare and MassHealth (Medicaid) benefits directly from Commonwealth Care Alliance. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You may also get other benefits the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in Commonwealth Care Alliance, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Commonwealth Care Alliance does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Commonwealth Care Alliance to cover your drug if medically necessary. For all other services, you can keep seeing your doctors and getting your current services for 90 days, or until your Individualized Care Plan (ICP) is complete.</p>
Can you go to the same doctors you see now?	<p>Often that is the case. If your providers (including doctors, therapist, pharmacies, and other health care providers) work with Commonwealth Care Alliance and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Commonwealth Care Alliance’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Commonwealth Care Alliance’s plan. <p>For more information about seeing providers outside of Commonwealth Care Alliance’s network, please call Member Services or read Commonwealth Care Alliance Member Handbook.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Commonwealth Care Alliance’s Provider and Pharmacy Directory on the plan’s website at www.commonwealthcarealliance.org/members/one-care/one-care-provider-directory. Provider and pharmacy network may change from time to time. It is possible for Commonwealth Care Alliance to contract with an out-of-network provider that you currently use.</p> <p>If Commonwealth Care Alliance is new for you, we will work with you to develop an Individualized Care Plan (ICP) to address your needs. You can continue seeing the doctors you go to now for 90 days or until the care plan is completed.</p>



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Frequently Asked Questions (FAQ)	Answers
What happens if you need a service but no one in Commonwealth Care Alliance's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Commonwealth Care Alliance will pay for the cost of an out-of-network provider.
Where is Commonwealth Care Alliance available?	<p>The service area for this plan includes: Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.</p> <p>We do not currently service Dukes county.</p> <p>Call Member Services for more information about whether the plan is available where you live.</p>
Do you pay a monthly amount (also called a premium) under Commonwealth Care Alliance?	<p>You will not pay any monthly premiums to Commonwealth Care Alliance for your health coverage.</p> <p>If you pay a premium to MassHealth for CommonHealth, you must continue to pay the premium to MassHealth to keep your coverage.</p>
What is prior authorization?	<p>Prior authorization means that you must get approval from Commonwealth Care Alliance before Commonwealth Care Alliance will provide coverage for a specific service, item or drug or out-of-network provider. Commonwealth Care Alliance may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. Commonwealth Care Alliance can provide you with a list of services or procedures that require you to obtain prior authorization from Commonwealth Care Alliance before the service is provided.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call Commonwealth Care Alliance Member Services.</p> <p>If you have questions about your health, please call the Nurse Advice Call line.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line.</p> <p>For Member Services, the Nurse Advice Call Line or the Behavioral Health Crisis Line:</p> <p>CALL 1-866-610-2273</p> <p>Calls to this number are free. 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY Call MassRelay at 711</p> <p>(Please give the Relay Operator our number: 1-866-610-2273. The Operator will complete your call and then stay on the line to relay messages electronically via a TTY or verbally to people who can hear.)</p> <p>This number is for people who are deaf, hard of hearing, or speech disabled. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).</p>



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	Prior authorization is not required except for certified ambulatory surgical center, non-routine dental care, and outpatient surgery.
	Wellness visits, such as a physical	\$0	Prior authorization is not required for services provided by a contracted provider.
	Transportation to a doctor's office	\$0	Prior authorization is required.
	Specialist care		Prior authorization is not required for services provided by a contracted provider.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization is not required for services provided by a contracted provider.
	"Welcome to Medicare" (preventative visit one time only)	\$0	Prior authorization is not required for services provided by a contracted provider.
You need medical tests (This service is continued on the next page).	Lab tests, such as blood work	\$0	Prior authorization is not required except for genetic testing. For more information, please call our Member Services. In the event that clinical input is necessary to determine whether a course of treatment is appropriate, Commonwealth Care Alliance reserves the right to have an expert review the proposed treatment plan or request.



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Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
Medical Tests (continued).	X-rays or other pictures, such as CAT scans	\$0	<p>Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests (i.e. genetic testing) may require a prior authorization. For more information, please call our Member Services.</p> <p>In the event that clinical input is necessary to determine whether a course of treatment is appropriate, Commonwealth Care Alliance reserves the right to have an expert review the proposed treatment plan or request.</p>
	Screening tests, such as tests to check for cancer	\$0	<p>Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests (i.e. genetic testing) may require a prior authorization. For more information, please call our Member Services.</p> <p>In the event that clinical input is necessary to determine whether a course of treatment is appropriate, Commonwealth Care Alliance reserves the right to have an expert review the proposed treatment plan or request.</p>



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Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page).</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 31-day supply</p>	<p>There may be limitations on the types of drugs covered. Please see Commonwealth Care Alliance’s List of Covered Drugs (Drug List) for more information.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your prescribing provider may need to get prior authorization from Commonwealth Care Alliance for certain drugs.</p> <p>Some drugs that you take on a regular basis, for a chronic or a long-term medical condition, are available through mail-order services or extended (90 days) (long-term) day supply at a network retail pharmacy. You pay \$0 for mail-order or extended day (90 days) supply.</p> <p>If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.</p>



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page).</p>	<p>Brand name drugs</p>	<p>\$0 for a 31-day supply</p>	<p>There may be limitations on the types of drugs covered. Please see Commonwealth Care Alliance’s List of Covered Drugs (Drug List) for more information.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your prescribing provider may need to get prior authorization from Commonwealth Care Alliance for certain drugs.</p> <p>Some drugs that you take on a regular basis, for a chronic or a long-term medical condition, are available through mail-order services or extended (90 days) (long-term) day supply at a network retail pharmacy. You pay \$0 for mail-order or extended day (90 days) supply.</p> <p>If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.</p>



If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. For more information, visit www.commonwealthonecare.org.

Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued from previous page)</p>	Over-the-counter drugs	\$0	<p>Commonwealth Care Alliance covers certain over-the-counter (OTC) drugs with a prescription. Please see Commonwealth Care Alliance’s List of Covered Drugs (Drug List) for more information.</p> <p>There may be limitations on the types of drugs covered. Please see Commonwealth Care Alliance’s List of Covered Drugs (Drug List) for more information.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.</p> <p>Your prescribing provider may need to get prior authorization from Commonwealth Care Alliance for certain drugs.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.</p> <p>Most specialty drugs are limited to a 30-day supply. Prior authorization may be required.</p>



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required for occupational, physical and speech therapy.
You need emergency care	Emergency room services	\$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories. Prior authorization is not required. Emergency care is not covered outside the United States and its territories.
	Ambulance services	\$0	Prior authorization is not required for in-network and out-of-network emergency ambulance services. Prior authorization may be required for non-emergency ambulance services. Emergency ambulance services are not covered outside the United States and its territories.
	Urgent care	\$0	If you require urgently needed care, you should first try to get it from a network provider or call our 24/7 Nurse Advice Call Line. However, you can use out-of-network providers when you cannot get to a network provider. Prior authorization is not required. Urgent care is not covered outside of the United States and its territories.



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Prior authorization is required except for inpatient substance abuse and emergency admissions.
	Doctor or surgeon care	\$0	Prior authorization is required.
You need help getting better or have special health needs (This service is continued on the next page).	Rehabilitation services	\$0	Prior authorization is required for cardiac and pulmonary rehabilitation, Supervised Exercise Therapy (SET), physical therapy, occupational therapy and speech therapy.
	Chiropractic care	\$0	The plan covers 36 visits per year unless authorized differently in your Personal Care Plan.
	Medical equipment for home care	\$0	Prior authorization may be required. For a detailed list, please call our Member Services.
	Skilled nursing care and home health services	\$0	Prior authorization is required.
	Family planning	\$0	If you need family planning services, you may receive those services from any Commonwealth Care Alliance One Care plan provider or from any MassHealth contracted Family Planning Services Provider. Prior authorization is not required except for genetic testing.
	Nurse midwife services	\$0	Prior authorization is not required for services provided by a contracted provider.
Abortion services	\$0	Prior authorization is not required for services provided by a contracted provider.	

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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting better or have special health needs (continued from previous page)</p>	Dialysis services	\$0	Prior authorization is not required for services provided by a contracted provider. You do not need a prior authorization for out-of-area dialysis services.
	Podiatry	\$0	Prior authorization is not required for services provided by a contracted provider except for podiatric surgery and podiatry services provided in a nursing home.
	Prosthetics	\$0	Prior authorization may be required. For a detailed list, please call our Member Services.
	Orthotic services	\$0	Prior authorization may be required. For a detailed list, please call our Member Services.



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	Prior authorization is not required for services provided by a contracted provider.
	Glasses or contact lenses	\$0	Prior authorization is not required for services provided by a contracted provider. Frames are limited to one set up to \$125 per calendar year unless authorized differently by a contracted provider. For more information, please call Member Services or read the Commonwealth Care Alliance Member Handbook.
	Other vision care	\$0	Prior authorization is not required for services provided by a contracted provider.
You need dental care (This service is continued on the next page).	Dental check-ups and preventative care	\$0	Prior authorization is not required for services provided by a contracted provider except for perio maintenance. Preventive cleanings and periodic oral evaluation are covered twice per calendar year. Other limitations may apply. For more information, please call Member Services.



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)	Restorative and emergency dental care	\$0	<p>Prior authorization is required except for diagnostic examinations and x-rays, restorative fillings, and emergency care. Replacement dentures and crowns are limited to coverage once every five years unless authorized differently.</p> <p>Other rules and limitations may apply. For more information, please call Member Services.</p> <p>In the event that clinical input is necessary to determine whether a course of treatment is appropriate, Commonwealth Care Alliance reserves the right to have a dental expert review the treatment plan your dentist has proposed.</p>
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization is not required for services provided by a contracted provider.
	Hearing aids	\$0	Prior authorization is required for hearing aids costing more than \$500.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization is not required for services provided by a contracted provider.
	Diabetes supplies and services	\$0	Commonwealth Care Alliance provides select blood glucose monitors and test strips to our members with diabetes from a preferred vendor. Prior authorization is not required for these select products, but may be required for other products. For more information, please call our Member Services or read Commonwealth Care Alliance Member Handbook.



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a behavioral health condition	Behavioral health services	\$0	Prior authorization may be required. For a detailed list, please call our Member Services or read the Commonwealth Care Alliance Member Handbook.
You have a substance use disorder	Substance use services	\$0	Prior authorization is not required for services provided by a contracted provider.
	Opioid Treatment Program Services	\$0	Prior authorization is not required.
You need long-term behavioral health services	Inpatient and outpatient care and community-based services for people who need behavioral health care	\$0	<p>Prior authorization is required for inpatient care, except for inpatient substance abuse and emergency admissions.</p> <p>Prior authorization is not required for outpatient care except for neuropsychological testing, psychological testing, electroconvulsive therapy and transcranial magnetic stimulation.</p> <p>For a detailed list of services that require a prior authorization, please call our Member Services or read the Commonwealth Care Alliance Member Handbook.</p>
You need durable medical equipment (DME) <i>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook.</i>	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required. For a detailed list, please call our Member Services.
	Nebulizers	\$0	Prior authorization is not required.
	Oxygen equipment and supplies	\$0	Prior authorization is required.



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Home services, such as cleaning or housekeeping	\$0	Prior authorization is required.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization may be required. For a detailed list, please call our Member Services.
	Day Habilitation services	\$0	Prior authorization is required.
	Services to help you live on your own (Home health care services or personal care attendant services)	\$0	Prior authorization is required.
	Adult Day Health or other support services	\$0	Prior authorization is required.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization is required.
You need a place to live with people available to help you	Nursing home care	\$0	Prior authorization is required. If MassHealth determines you have a monthly Patient Paid Amount (PPA) for your custodial care, you are responsible for these payments.
Your caregiver needs some time off	Respite care	\$0	Prior authorization is required. For more information, please call our Member Services.



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Commonwealth Care Alliance: Summary of Benefits

Health need or concern	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need transportation	Emergency transportation	\$0	Prior authorization for in-network and out-of-network emergency transportation is not required. Emergency transportation is not covered outside the United States and its territories.
	Transportation to medical appointments	\$0	Prior authorization is not required. For more information, please contact your Care Team.
	Transportation to other services	\$0	Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping. Mile limitation applicable. Prior authorization is required. For more information, please contact your Care Team.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read the Commonwealth Care Alliance Member Handbook. If you have questions, you can also call Commonwealth Care Alliance Member Services.



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Commonwealth Care Alliance: Summary of Benefits

D. Other services Commonwealth Care Alliance covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services Commonwealth Care Alliance covers	Your costs for <u>in-network</u> providers
Acupuncture	\$0 The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan.
Palliative Care Program (Life Choices)	\$0 Palliative care is care that aims to improve the quality of life for people living with a serious illness. Prior authorization is not required for services provided by Commonwealth Care Alliance's Life Choices program or from a contracted provider.

E. Benefits covered outside of Commonwealth Care Alliance

This is not a complete list. Call Member Services to find out about other services not covered by Commonwealth Care Alliance but available through Medicare, Medicaid, or a State Agency.



If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. For more information, visit www.commonwealthonecare.org.

Commonwealth Care Alliance: Summary of Benefits

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of Commonwealth Care Alliance	\$0
Psychosocial rehabilitation	Please call the state agency for more information.
Targeted case management	Please call the state agency for more information.
Rest home room and board	Please call the Department of Transitional Assistance for more information.



If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. For more information, visit www.commonwealthonecare.org.

Commonwealth Care Alliance: Summary of Benefits

F. Services that Commonwealth Care Alliance, Medicare, and MassHealth do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services Commonwealth Care Alliance, Medicare, and MassHealth do not cover

Services that are not medically necessary according to the standards of Medicare and MassHealth unless otherwise approved or entered in your Personal (Individualized) Care Plan.

Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. (Please see your Member Handbook for more information on clinical research studies.)

Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically needed.

Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or when medically necessary. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

Radial keratotomy, LASIK surgery, vision therapy, and other low-vision aids.

Reversal of sterilization procedures and nonprescription contraceptive supplies unless these supplies are covered under the MassHealth benefit.

Naturopath services (the use of natural or alternative treatments).

Private room in a hospital, except when it is considered medically necessary.

Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.

Routine services provided outside of the service area are not covered unless approved in advance.

Services provided outside the United States and its territories.

Services that you get without prior authorization when prior authorization is required.

E-cigarettes.

Health club/gym membership.



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G. Your rights and responsibilities as a member of the plan

As a member of Commonwealth Care Alliance, you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused Medically Necessary treatment. You can exercise these rights without being punished or adversely affecting the way Commonwealth Care Alliance and its providers treat you. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook.

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discriminations under any state or federal law or regulation.
 - Receive, at your request information in other formats (e.g., large print, braille, audio) free of charge.
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.
 - Have your questions and concerns answered completely and courteously.
 - Apply your rights freely without any negative affect on the way Commonwealth Care Alliance or your provider treats you.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Commonwealth Care Alliance
 - The services we cover.
 - How to get services.
 - How much services will cost you.
 - Names of health care providers and Care Partners.
 - Your rights and responsibilities.
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time. You can call 1-866-610-2273 (TTY: call MassRelay at 711) if you want to change your PCP.
 - Choose a Long-term Supports (LTS) Coordinator).



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Commonwealth Care Alliance: Summary of Benefits

- See a women’s health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know and receive all benefits, services, rights and responsibilities you have under Commonwealth Care Alliance, Medicare and MassHealth.
 - Know what the outcome of your treatment options may be.
 - Refuse treatment as far as the law allows, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion about any health care that your PCP or your care team advises you to have. Commonwealth Care Alliance will pay for the cost of your second opinion visit.
 - Create and apply and advance directive, such as a will or health care proxy.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get medical care for covered services within the time frames described in the Member Handbook, and to file an appeal if you do not receive your care within those timeframes.
 - Get in and out of a health care provider’s office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call the 1-866-610-2273 (TTY: call MassRelay at 711), if you need help with this service.
 - Have your Member Handbook and any printed materials from Commonwealth Care Alliance translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval.
 - See an out-of-network urgent or emergency care provider, when necessary.
 - **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private, as well as anything you discuss with them. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment.



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Commonwealth Care Alliance: Summary of Benefits

- **You have the right to make recommendations about our member rights and responsibilities policy**

- If you have any recommendations on our member rights and responsibilities policy, you can call Member Services 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.).

- **You have the right to make complaints about your covered services or care.** This includes the right to:

- Access an easy process to voice your concerns, and to expect follow-up by Commonwealth Care Alliance.
- File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
- Ask for a state fair hearing from the state of Massachusetts.
- Get a detailed reason why services were denied.
- Disenroll from Commonwealth Care Alliance and change to another plan by calling Massachusetts Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:

- Treat your health care providers with dignity and respect.

- Keep appointments, be on time, and call in advance if you're going to be late or have to cancel.

- **You have the responsibility to give information about you and your health.** You should:

- Tell your health care provider your health complaints clearly and provide as much information as possible.
- Tell your health care provider about yourself and your health history.
- Tell your health care provider that you are a Commonwealth Care Alliance member.
- Talk to your PCP, care team, Care Partner, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergencies or when you refer yourself for certain covered services).
- Tell your PCP, care team, Care Partner, or other appropriate person within 48 hours of any emergency or out-of-network treatment.
- Notify Commonwealth Care Alliance's Member service department if there are any changes in your personal information, such as your address or phone number.

- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:

- Learn about your health problems and any recommended treatment, and consider the treatment before it's performed.



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Commonwealth Care Alliance: Summary of Benefits

- Partner with your care team and work out treatment plans and goals together.
- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health.
- **You have the responsibility to obtain your services from Commonwealth Care Alliance.** You should:
 - Get all your health care from Commonwealth Care Alliance, except in cases of emergency, urgent care, out-

You may be responsible for payment of services not covered by Commonwealth Care Alliance. A full list of the covered services is available in the Member Handbook.

For more information about your rights, you can read the Commonwealth Care Alliance Member Handbook. If you have questions, you can also call Commonwealth Care Alliance Member Services.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Commonwealth Care Alliance should cover something we denied, call Commonwealth Care Alliance at 1-866-610-2273 (TTY: Call MassRelay at 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Commonwealth Care Alliance Member Handbook. You can also call Commonwealth Care Alliance Member Services.

If you have a problem, concern or questions related to you benefits or care, please call Commonwealth Care Alliance Member Services at 1-866-610-2273, 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). TTY: call MassRelay at 711.

I. What to do if you want independent help with a complaint or concern



If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. For more information, visit www.commonwealthonecare.org.

Commonwealth Care Alliance: Summary of Benefits

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- Can answer your questions or refer you to the right place to find what you need.
- Can help you address a problem or concern with One Care or your One Care plan, Commonwealth Care Alliance. My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 8:30 A.M. to 4:30 P.M.
 - Use 7-1-1 to dial 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disables.
 - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
- Write to or visit the My Ombudsman office at 11 Dartmouth Street, Suite 301, Malden, MA 02148
- Visit My Ombudsman online at www.myombudsman.org

J. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Commonwealth Care Alliance Member Services. Phone numbers are on the cover of this summary.
- Or, call the MassHealth Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



If you have questions, please call Commonwealth Care Alliance at 1-866-610-2273 (TTY: call MassRelay at 711), 8 a.m. – 8 p.m., 7 days a week from October 1st through March 31st. (April 1st through September 30th, Monday – Friday, 8 a.m. – 8 p.m. and Saturday and Sunday, 8 a.m. – 6 p.m.). The call is free. For more information, visit www.commonwealthonecare.org.