

supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31 -day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

We will provide an emergency supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements for unplanned level of care change. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change.

CCA Medicare Value

Deductible	\$ 480 (for all tiers)		
Copays	In-Network Pharmacy 30 day supply	In-Network Pharmacy 60 day supply	In-Network Pharmacy 90 day supply
Tier 1	\$6.50	\$13	\$19.50
Tier 2	\$20	\$40	\$60
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	25%	N/A	N/A
Copays	Mail Order 30 day supply	Mail Order 60-day supply	Mail Order 90-day supply
Tier 1	\$6.50	\$13	\$19.50
Tier 2	\$20	\$40	\$60
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	25%	N/A	N/A
Copays	Out of Network and Long Term Care Pharmacy 30 day supply	Out of Network and Long Term Care Pharmacy 60 day supply	Out of Network and Long Term Care Pharmacy 90 day supply
Tier 1	\$6.50	N/A	N/A
Tier 2	\$20	N/A	N/A
Tier 3	\$47	N/A	N/A
Tier 4	\$100	N/A	N/A
Tier 5	25%	N/A	N/A

Coverage Gap Stage

After your total prescription drug costs reach **\$4,430**, and until your payments reach **\$7,050**, you pay:

- 25% of costs for Part D generic drugs
- 25% of costs for Part D brand drugs

Catastrophic Coverage Stage

After the coverage gap, when your payments for the year are greater than **\$7,050**, you pay the greater of:

5% per prescription, or \$3.95 per prescription for Part D generic drugs, \$9.85 per prescription for Part D brand drugs.

List of Abbreviations

EA: Each.

GM: Grams

LD: Limited Distribution. The symbol LD next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs. For more information consult your Pharmacy Directory or call Member Services at 1-866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free.

ML: Milliliters

NDS: Non Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on CCA Medicare Value Formulary via retail or mail order. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.

PA: Prior approval (or prior authorization). For some drugs, you or your physician or other prescriber must get approval from CCA Medicare Value before you fill your prescription. If you don't get approval, Commonwealth Care Alliance may not cover the drug.

B/D: Prior Authorization Restriction for Part B vs Part D Determination: This drug may be eligible for payment under Medicare Part B or Medicare Part D. You [or your physician] are required to get prior authorization from CCA Medicare Value to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA Medicare Value may not cover this drug.

PA_NSO: Prior Authorization Restriction for New Starts Only. If this drug is new to you, you (or your physician) are required to get prior authorization for CCA Medicare Value before you fill your prescription for this drug. Without prior approval, CCA Medicare Value may not cover this drug.

QL: Quantity Limit. For some drugs, CCA Medicare Value limits the amount of a drug you can get. For example, CCA Medicare Value provides 60 tablets per 30-day prescription of ENTRESTO.

ST: Step Therapy. For some drugs, CCA Medicare Value requires you to do step therapy. This means you will have to try drugs in a certain order for your medical conditions. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

ST_NSO: Step Therapy for New Starts Only. If this drug is new to you, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

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 the Civil Rights Coordinator.

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:

Commonwealth Care Alliance
Civil Rights Coordinator
30 Winter Street
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: 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 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.

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 (العربية): ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 1-866-610-2273 (رقم هاتف الصم والبكم 711).

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-610-2273 (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 1-866-610-2273 (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 (Ελληνικά): 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, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY 711)។

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

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

This formulary was updated on 10/05/2021. For more recent information or other questions, please contact CCA Medicare Value (PPO) Member Services, at 1-866-610-2273 or, for TTY users, 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, and 8 am to 6 pm, Saturday and Sunday.) The call is free or visit www.ccama.org/members