

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Introduction

This document is a brief summary of the benefits and services covered by CCA One Care. 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 CCA One Care. 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 CCA One Care at 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. For more information, visit www.ccama.org/onecare.

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A. Disclaimers



This is a summary of health services covered by CCA One Care for 2022. This is only a summary. Please read the **Member Handbook** for the full list of benefits. To get the Member Handbook, call Member Services at 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.) You can also find it online at www.ccama.org/onecare.

- ❖ Commonwealth Care Alliance (CCA) One Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both program to enrollees. Enrollment in the plan depends on contract renewal. It is for people with both Medicare and MassHealth ages 21 through 64 at the time of enrollment.
- ❖ When this document says “we,” “us,” or “our,” it means Commonwealth Care Alliance, Inc. When it says “plan” or “our plan,” it means CCA One Care.
- ❖ Under CCA One Care you can get your Medicare and MassHealth services in one health plan called a One Care plan. A CCA One Care care partner will help manage your healthcare 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**.
- ❖ Benefits may change on January 1, 2023. The List of Covered Drugs (formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 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.
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY 711). 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 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.**
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.

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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 (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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY 711)។
- Lao/Laotian (ພາສາລາວ):** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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).



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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: civilrightscoordinator@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.

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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. CCA One Care (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 CCA One Care care partner?	A CCA One Care 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 CCA One Care 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 I get the same Medicare and MassHealth benefits in CCA One Care that I get now?	<p>You will get your covered Medicare and MassHealth (Medicaid) benefits directly from CCA One Care. 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 CCA One Care, 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 CCA One Care 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 CCA One Care to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your Individualized Care Plan (ICP) is complete.</p>
Can I go to the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapist, pharmacies, and other healthcare providers) work with CCA One Care 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 the CCA One Care network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the CCA One Care plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read the CCA One Care Provider Directory on the plan’s website at www.ccama.org/onecare.</p> <p>If CCA One Care is new for you, we will work with you to develop an Individualized Care Plan (ICP) to address your needs. You can continue using the doctors you go to now for 90 days or until the care plan is completed.</p>
What happens if I need a service but no one in CCA One Care’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CCA One Care will pay for the cost of an out-of-network provider.</p>

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Frequently Asked Questions (FAQ)	Answers
Where is CCA One Care 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 or Nantucket counties.</p> <p>Call Member Services for more information about whether the plan is available where you live.</p>
Do I pay a monthly amount (also called a premium) under CCA One Care?	<p>You will not pay any monthly premiums to CCA One Care 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 CCA One Care before CCA One Care will provide coverage for a specific service, item or drug or out-of-network provider. CCA One Care 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. CCA One Care can provide you with a list of services or procedures that require you to obtain prior authorization from CCA One Care before the service is provided.</p> <p>Refer to Chapter 3 of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p>



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Frequently Asked Questions (FAQ)	Answers				
<p>Who should I contact if I have questions or need help?</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call CCA One Care Member Services.</p> <p>If you have questions about your health or if you need immediate behavioral healthcare, please call the Nurse Advice Line.</p> <p>For Member Services or the Nurse Advice Line:</p> <table border="1" data-bbox="575 529 1990 1107"> <tbody> <tr> <td data-bbox="575 529 709 816">CALL</td> <td data-bbox="716 529 1990 816"> <p>866-610-2273</p> <p>Calls to this number are free.</p> <p>April 1 to September 30: 8 am to 8 pm, Monday to Friday and 8 am to 6 pm, Saturday to Sunday</p> <p>October 1 to March 31: 8 am to 8 pm, 7 days a week</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> </td> </tr> <tr> <td data-bbox="575 821 709 1107">TTY</td> <td data-bbox="716 821 1990 1107"> <p>Call MassRelay at 711</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.</p> <p>April 1 to September 30: 8 am to 8 pm, Monday to Friday and 8 am to 6 pm, Saturday to Sunday</p> <p>October 1 to March 31: 8 am to 8 pm, 7 days a week</p> </td> </tr> </tbody> </table>	CALL	<p>866-610-2273</p> <p>Calls to this number are free.</p> <p>April 1 to September 30: 8 am to 8 pm, Monday to Friday and 8 am to 6 pm, Saturday to Sunday</p> <p>October 1 to March 31: 8 am to 8 pm, 7 days a week</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p>	TTY	<p>Call MassRelay at 711</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.</p> <p>April 1 to September 30: 8 am to 8 pm, Monday to Friday and 8 am to 6 pm, Saturday to Sunday</p> <p>October 1 to March 31: 8 am to 8 pm, 7 days a week</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 in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want 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 network provider.
	Transportation to a doctor's office	\$0	Prior authorization is required.
	Specialist care		Prior authorization is not required for services provided by a network provider.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization is not required for services provided by a network provider.
	"Welcome to Medicare" (preventive visit one time only)	\$0	Prior authorization is not required for services provided by a network 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, CCA One Care 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 in-network 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, CCA One Care 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, CCA One Care 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 in-network 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 refer to the CCA One Care List of Covered Drugs (Formulary/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 CCA One Care 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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Health need or concern	Services you may need	Your costs for in-network 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>	Brand name drugs	\$0 for a 31-day supply	<p>There may be limitations on the types of drugs covered. Please refer to the CCA One Care List of Covered Drugs (Formulary/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 CCA One Care 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>
	Over-the-counter drugs	\$0	<p>CCA One Care covers certain over-the-counter (OTC) drugs with a prescription. Please refer to the CCA One Care List of Covered Drugs (Formulary/Drug List) for more information.</p> <p>There may be limitations on the types of drugs covered. Please refer to the CCA One Care List of Covered Drugs (Formulary/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 CCA One Care for certain drugs.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part B prescription drugs	\$0	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. Most specialty drugs are limited to a 30-day supply. Prior authorization may be required.
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 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.



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

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Health need or concern	Services you may need	Your costs for in-network 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 Individualized 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 CCA 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 network provider.
	Abortion services	\$0	Prior authorization is not required for services provided by a network provider.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Dialysis services	\$0	Prior authorization is not required for services provided by a network 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 network 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 Member Services.



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or concern	Services you may need	Your costs for in-network 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 network provider.
	Glasses or contact lenses	\$0	<p>Prior authorization is not required for services provided by a network provider.</p> <p>Frames are limited to one set up to \$125 per calendar year unless authorized differently by a network provider. For more information, please call Member Services or read the CCA One Care Member Handbook.</p> <p>Please contact VSP at 855-492-9028 to learn more about your eyewear benefits or look in the Member Handbook, Chapter 4.</p>
	Other vision care	\$0	Prior authorization is not required for services provided by a network provider.
You need dental care (This service is continued on the next page)	Dental check-ups and preventive care	\$0	<p>Prior authorization is not required for most services provided by a network provider.</p> <p>Preventive cleanings and periodic oral evaluation are covered twice per calendar year.</p> <p>Other limitations may apply.</p> <p>For more information, please call Member Services.</p>

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	\$0	<p>Prior authorization is required except for diagnostic examinations and x-rays, restorative fillings, and emergency care.</p> <p>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, CCA One Care 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	<p>Prior authorization is not required for services provided by a network provider.</p>
	Hearing aids	\$0	<p>Prior authorization is required for hearing aids costing more than \$500. Please contact NationsHearing at 877-277-9196 (TTY 711) to set up an appointment. To learn more about your hearing aid benefits, look in the Member Handbook, Chapter 3.</p>
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	<p>Prior authorization is not required for services provided by a network provider.</p>
	Diabetes supplies and services	\$0	<p>CCA One Care 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 Member Services or read CCA One Care Member Handbook.</p>



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or concern	Services you may need	Your costs for in-network 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 Member Services or read the CCA One Care Member Handbook.
You have a substance use disorder	Substance use services	\$0	Prior authorization is not required for services provided by a network 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 healthcare	\$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 Member Services or read the CCA One Care Member Handbook.</p>
You need durable medical equipment (DME)	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required. For a detailed list, please call Member Services.
	Nebulizers	\$0	Prior authorization is not required.
	Oxygen equipment and supplies	\$0	Prior authorization is required.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or concern	Services you may need	Your costs for in-network 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 Member Services.
	Day Habilitation services	\$0	Prior authorization is required.
	Services to help you live on your own (Home healthcare 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.



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0	Prior authorization is required. For more information, please call Member Services.
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 Member Services.
	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 Member Services.

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

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

D. Other services CCA One Care covers

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

Other services CCA One Care covers	Your costs for in-network providers
Acupuncture	<p>\$0</p> <p>The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan.</p>
Annual Wellness Visit Reward	<p>An annual wellness visit or an annual physical exam qualifies for one \$25 reimbursement per year after you've completed the visit. Routine PCP visits, like a follow-up or sick visit, don't qualify for the reward. To earn this reward, you must have an annual wellness visit or an annual exam. Either annual visit type is longer than routine PCP visits. During an annual wellness visit or an annual exam, you and your doctor will review your overall health in detail.</p>
Palliative Care Program (Life Choices)	<p>\$0</p> <p>Palliative care is care that aims to improve the quality of life for people living with a serious illness.</p> <p>Prior authorization is not required for services provided by the palliative care program or from a network provider.</p>
Telehealth	<p>\$0</p> <p>Please read the Member Handbook, Chapter 4, Section 2, Benefit Chart for more information.</p> <p>Certain telehealth services, including: urgently needed services; home health services; primary care provider services; occupational therapy services; individual sessions for mental health specialty services; other healthcare professional; individual sessions for psychiatric services; physical therapy and speech language pathology services; individual sessions for outpatient substance use</p>



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

E. Benefits covered outside of CCA One Care

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

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of CCA One Care	\$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.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

F. Services that CCA One Care, Medicare, and MassHealth do not cover

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

Services CCA One Care, 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.



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

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

As a member of CCA One Care, you have certain rights concerning your healthcare. You also have certain responsibilities to the healthcare 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 CCA One Care and its providers treat you. You can also use these rights without losing your healthcare 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, color, ethnicity, national origin, religion, creed, gender (including sex stereotypes), age, health status, marital status, medical condition, medical history, mental, physical, or sensory disability, public assistance, sexual orientation, genetic information, ability to pay, or ability to speak English, or place of residence. No healthcare 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 CCA One Care or your provider treats you.
- **You have the right to get information about your healthcare.** 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:
 - CCA One Care
 - The services we cover and the rules you must follow when using your covered services
 - Names of healthcare providers and care partners, and information about our practitioners and providers, including network pharmacies
 - Your rights and responsibilities as a member.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 866-610-2273 (TTY 711) if you want to change your PCP.
 - Choose a Long-term Supports (LTS) Coordinator.
 - Use a women’s healthcare provider without a referral. We do not require you to get referrals to go to network providers.
 - Get your covered services and drugs quickly.
 - Know and receive all benefits, services, rights and responsibilities you have under CCA One Care, Medicare and MassHealth.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - 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, even if your healthcare provider advises against it.
 - Ask for a second opinion about any healthcare that your PCP or your care team advises you to have. CCA One Care will pay for the cost of your second opinion visit.
 - Create and apply and advance directive, such as a will or healthcare proxy if you are not able to make medical decisions for yourself.
- **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 healthcare 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 866-610-2273 (TTY 711), if you need help with this service.
 - Have your **Member Handbook** and any printed materials from CCA One Care 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.



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

- **You have the right to 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.
 - Use 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. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment.
 - **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 share your suggestions with us by calling Member Services 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.)
 - **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 CCA One Care.
 - 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 CCA One Care 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 healthcare 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.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

- **You have the responsibility to give information about you and your health.** You should:
 - Tell your healthcare provider your health complaints clearly and provide as much information as possible.
 - Tell your healthcare provider about yourself and your health history.
 - Tell your healthcare provider that you are a CCA One Care member.
 - Talk to your PCP, CCA One Care 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 CCA One Care 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.
 - Partner with your care team and work out treatment plans and goals together.
 - Participate with practitioners and providers in making decisions about your healthcare.
 - Follow the instructions and plans for care that you and your healthcare provider have agreed to, and remember that refusing treatment recommended by your healthcare provider might harm your health.
- **You have the responsibility to obtain your services from CCA One Care.** You should:
 - Get all your healthcare from CCA One Care, except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless CCA One Care provides a prior authorization for out-of-network care.
 - Not allow anyone else to use your CCA One Care Member ID Card to obtain healthcare services.
 - Notify CCA One Care when you believe that someone has purposely misused CCA One Care benefits or services.

You may be responsible for payment of services not covered by CCA One Care. A full list of the covered services is available in the Member Handbook. For more information about your rights, you can read the CCA One Care **Member Handbook**. If you have questions, you can also call CCA One Care Member Services.



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

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

If you have a complaint or think CCA One Care should cover something we denied, call CCA One Care at 866-610-2273 (TTY 711). You can file a complaint or appeal our decision.

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

If you have a problem, concern or questions related to you benefits or care, please call CCA One Care Member Services at 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.)

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

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, CCA One Care. 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

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

J. What to do if you suspect fraud

Most healthcare 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 CCA One Care 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.
- Or, call Attorney General's Medicaid Fraud Division, Medicaid Fraud Tip Line at 617-963-2360



If you have questions, please call CCA One Care at 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. For more information, visit www.ccama.org/onecare.

CCA One Care (Medicare-Medicaid Plan): Summary of Benefits 2022

If you have general questions or questions about our plan, services, service area, billing, or member ID cards, please call Member Services:

866-610-2273 (TTY 711)

Calls to this number are free.

April 1 to September 30: 8 am to 8 pm, Monday to Friday and 8 am to 6 pm, Saturday to Sunday

October 1 to March 31: 8 am to 8 pm, 7 days a week

Member Services also has free language interpreter services available for non-English speakers.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call our plan's Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. The number for the Nurse Advice Line is 866-610-2273 (TTY 711).

Calls to this number are free.

Available 24 hours a day, 7 days a week.

Free interpreter services are available.

If you need immediate behavioral health care, please call the Nurse Advice Line to speak to a behavioral health specialist:

866-610-2273 (TTY 711)

Calls to this number are free.

Available 24 hours a day, 7 days a week.

Free interpreter services are available for non-English speakers.