



MORE FOR

YOU.

**THE CENTER OF
EVERYTHING WE DO**

MORE Benefits*
MORE Savings*
MORE Care
*than MassHealth
Standard and
Medicare*

**Some extra benefits are special supplemental benefits, which not all members will qualify for. Certain restrictions may apply.*



**commonwealth
care alliance**
MASSACHUSETTS

Your 2023 Enrollment Book
**CCA SENIOR CARE OPTIONS
(HMO D-SNP)**



Dear Neighbor,

Thank you for your interest in **CCA Senior Care Options (HMO D-SNP)** from Commonwealth Care Alliance® (CCA). Designed for people with MassHealth Standard with or without Medicare, this all-in-one health plan covers things like your prescriptions, doctor visits, and hospital stays, as well as the support services you need to help you stay safe and independent at home as long as possible.

You pay **\$0*** for the benefits you need—and you'll save so much!

MORE benefits. We designed our CCA Senior Care Options plan for YOU, especially if you have chronic health issues. You get everything MassHealth Standard and Medicare offer, plus so many extras. Best of all, these extras don't cost you extra!

MORE savings. You could save as much as **\$2,715**** over the next year for things like over-the-counter health products, eyewear, hearing aids, and even approved foods. Take a look through this book for all the details.

MORE care. As a community-based health plan, CCA understands how important it is for you to stay in your own home and community. That's why we assign a care partner and team who help you live safely and independently at home. We call that *uncommon care*®.

Thank you again for taking a look at CCA Senior Care Options. We sincerely hope the benefits we offer fit your needs. If you have any questions, please call us at 855-210-1790 (TTY 711).

Wishing you well,

Mark Waggoner

Mark Waggoner
General Manager
Commonwealth Care Alliance

**You may need to continue to pay your Medicare Part B premium unless your Part B premium is paid for you by MassHealth.*

***Some extra benefits are special supplemental benefits, which not all members will qualify for. Certain restrictions may apply. Contact the plan for more information.*

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“At CCA, our members are like family. They are at the center of everything we do.”

- Christopher Palmieri,
President and Chief
Executive Officer,
Commonwealth Care
Alliance



WHY CHOOSE CCA SENIOR CARE OPTIONS?

Our *uncommon care*[®] takes an approach to health coverage that focuses on your specific needs.

With CCA Senior Care Options, you get:

- All of your MassHealth Standard and Medicare benefits and MORE **at no cost to you**
- A team working with you to make sure you get the special care you need
- A dedicated person who gets to know you and helps coordinate your care

Ready to get started? This book will show you how CCA Senior Care Options can help support you and your needs—and how you can take the next step.

Have questions? Call our friendly representatives. There's no obligation!

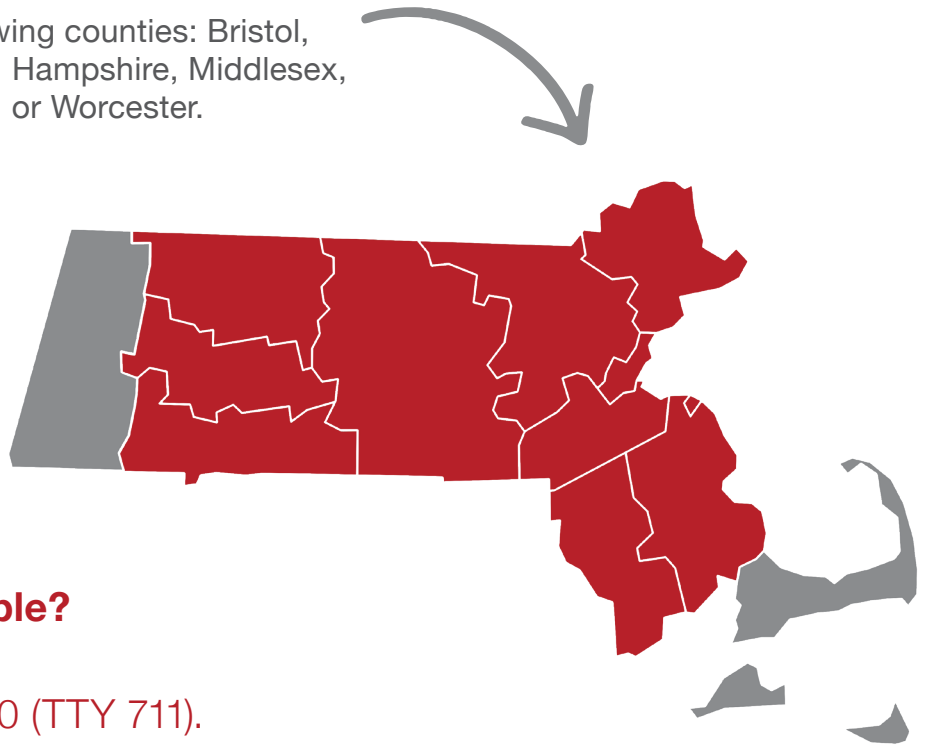
CALL 855-210-1790 (TTY 711)
8 am – 8 pm, Monday – Friday from April 1 – September 30
8 am – 8 pm, 7 days a week from October 1 – March 31.

WHO CAN **ENROLL?**



You can become a member of CCA Senior Care Options if:

1. You are 65 or older.
2. You are eligible for MassHealth Standard, or both MassHealth Standard and Medicare.
3. You live in one of the following counties: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, or Worcester.
4. You do not have any other comprehensive health insurance besides Medicare.



Not sure if you're eligible?

It's easy to find out.

Call CCA at 855-210-1790 (TTY 711).



MORE BENEFITS FOR

YOU.

WITH CCA SENIOR CARE OPTIONS

YOU PAY:

\$0

- Monthly Plan Payment*
- Doctor Visits
- Hospital Stays
- Drug Deductible
- Prescription Drugs
- Dental Care Coverage
- Annual Vision Exam
- Annual Hearing Exam
- Telehealth

**You may need to continue to pay your Medicare Part B premium unless your Part B premium is paid for you by MassHealth.*

CCA helps YOU get more from your coverage.

You keep your MassHealth Standard and Medicare benefits and get MORE **at no cost to you.**

You pay \$0* and get more extra benefits.

GET MORE **EXTRAS LIKE:**

NEWLY EXPANDED BENEFIT!

A Healthy Savings card worth **\$1,140 a year (\$285 per quarter)** for over-the-counter health products and approved food**

NEWLY EXPANDED BENEFIT!

Unlimited preventative dental care coverage including dentures, crowns, four implants per year (two per arch), and four dental cleanings a year for those with chronic conditions

Eyewear up to **\$300** a year

\$25 gift card after your annual wellness visit

Hearing aids up to **\$1,000** a year

Unlimited medical rides and eight one-way non-medical rides per month, scheduled by CCA

Fitness reimbursement up to **\$250** annually including weight management and fitness equipment

TOTAL EXTRAS PER YEAR UP TO \$2,715**

***Some extra benefits are special supplemental benefits, which not all members will qualify for. Certain restrictions may apply. Only at participating locations. Contact the plan for more information.*



MORE SAVINGS FOR

YOU.



Healthy Savings Card

JUST FOR YOU!

NEWLY EXPANDED BENEFIT!

Imagine receiving **\$1,140 a year (\$285 per quarter)** to pay for **over-the-counter health products—and even approved food.***

Your **Healthy Savings card** is easy to use. CCA will prefund the card and reload it quarterly so you can use it to purchase the healthcare items you need.

You can even purchase approved food with your card. When shopping over the phone or online, orders will be delivered to your home at no extra cost to you.

Plus, you get an **EXTRA \$25** added to your card after your annual wellness visit.** You'll be able to redeem this extra benefit for gift cards at select stores.

Two easy ways to use your **Healthy Savings card**:

1 Shop in person at these stores:



and more!

2 Home delivery via phone, mail order or online.

It's easy to use your **Healthy \$avings Card**

Your Healthy \$avings Card can cover all of this and MORE.

Medicine and Vitamins

- Allergy relief products
- Cold and cough medicines
- Pain and fever relief
- Stomach medicines
- Vitamins

Medical Supplies

- Alcohol pads
- Band-Aids®/bandages
- Disposable gloves
- Face coverings
- Hand sanitizer
- Hydrogen peroxide
- Thermometers

Care Products

- Dental care
- Diabetes care
- Eye and ear care
- Foot care
- Hand and body soap
- Skin and hair care
- Women's health care

Fresh Food, Canned Goods, and Grains

- Beans
- Canned goods
- Fresh fruits
- Meats (beef, ground beef, poultry)
- Pasta and rice
- Seafood

Breakfast Items and Snacks

- Cereals, grains, and granola
- Dried fruit
- Eggs and egg substitutes
- Nuts and seeds
- Peanut butter and other butters
- Waffles and pancakes

Dairy and Beverages

- Cheese
- Coffee, tea, and cocoa
- Milk
- Sports drinks (including Gatorade®)
- Water and juices (including sparkling)
- Yogurt

**Some extra benefits are special supplemental benefits, which not all members will qualify for. Certain restrictions may apply. Only at participating locations. Contact the plan for more information.*
***It may take several months for your wellness visit to be processed and for your benefit to be allocated to your **Healthy \$avings card**.*



DENTAL CARE COVERAGE

TO MAKE YOU SMILE!

NEWLY EXPANDED BENEFIT!

You get comprehensive dental care coverage, including:

- Preventative dental care, including cleanings twice a year and four times a year for individuals with chronic conditions
- Root canals to treat infections
- Crowns and bridges
- Dentures and partials
- Night guards
- NEW! Four implants a year (two per arch)
- Fluoride treatments to prevent tooth decay
- Gum disease treatments, including: deep cleanings, surgery, gum grafts, and maintenance

Your dental providers will let you know which services require pre-authorization.



RIDES

TO GET YOU WHERE YOU NEED TO GO!






Unlimited rides to medical appointments. If you don't have access to transportation, CCA will help arrange rides to and from your doctor's office or other medical appointments.

Eight one-way rides a month for errands and other activities. If you need a ride to the grocery store or to church or to run any other errand, CCA will take you there!



IMPORTANT: Call 911 if you have a medical emergency.

Keep all your MassHealth Standard and Medicare benefits
 CCA Senior Care Options offers you all of this for a **\$0 MONTHLY PLAN PAYMENT***
 and savings up to **\$2,715**** per year

MEDICAL COVERAGE		
 Doctor office visit copay	\$0	The cost is \$0 —PLUS receive a \$25 gift card after your annual wellness visit
 Hospital stay copay	\$0	The fixed amount you pay for a hospital stay
 Prescription drug copay	\$0	For prescription and prescribed over-the-counter drugs
 Annual exams	\$0	For annual dental, vision, and hearing exams
VALUABLE EXTRAS:	YOU PAY:	YOU GET:
 Healthy Savings Card	\$0	Up to \$1,140 a year (\$285 per quarter) for health products and approved food**
 Dental	\$0	Unlimited preventative dental coverage, including dentures, crowns, four implants a year (two per arch)
 Transportation	\$0	Unlimited medical rides and eight one-way non-medical rides a month, scheduled by CCA
 Vision	\$0	\$300 a year for eyewear
 Hearing	\$0	\$1,000 a year for hearing aids
 Fitness reimbursement	\$0	Up to \$250 annually, including weight management and fitness equipment
 Telehealth	\$0	Services for a \$0 copay

To find a doctor or which prescriptions are covered, go to ccama.org/sco-doctor-pharmacy
 *You may need to continue to pay your Medicare Part B premium unless your Part B premium is paid for you by MassHealth.
 **Some extra benefits are special supplemental benefits, which not all members will qualify for. Certain restrictions may apply. Only at participating locations. Contact the plan for more information.



MORE EXTRAS FOR

YOU.



YOUR CARE TEAM AND YOU

Get the care you need to help you live safely and independently at home.

Part of *uncommon care*[®] means creating uncommon relationships. That's why at CCA, we work with you to understand your needs and provide the care that can keep you living safely and independently at home for as long as possible. You and your care team will make important decisions together to be sure you get exactly what you need.

Based on your unique needs, you get access to a care team* skilled in a variety of services, including nursing care, primary care, and behavioral health. Plus, we can connect you to important resources, such as food and housing support.

Based on your needs, a CCA care team can:

- Develop a care plan just for you
- Work with your doctors, family, and caregivers
- Help you manage your medications
- Work with you to manage health conditions and discuss treatment options
- Answer any questions you or your loved ones may have

**CCA offers care teams based on individual needs. Some members may not require the support of a care team. Members may also choose not to work with a CCA care team.*



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 866-610-2273 (TTY: 711). Representatives are available 8 am to 8 pm, 7 days a week from October through March, and 9 am to 6 pm, Monday through Friday from April through September.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit ccama.org or call 866-610-2273 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, if applicable, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

CCA Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. Enrollment depends on contract renewal. CCA 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.

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

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

ENROLLMENT FORM 2023

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

IMPORTANT

To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

NOTE

You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Commonwealth Care Alliance
30 Winter Street
Boston, MA 02108

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CCA at 855-210-1790 (TTY 711) Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CCA al 855-210-1790 (TTY 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.



MassHealth Senior Care Options (SCO) & Medicare Advantage Enrollment Form

Section 1: All fields in this section are required (unless marked optional)

CCA Senior Care Options (HMO D-SNP) \$0 per month

This form is for people who have MassHealth Standard benefits and Medicare Parts A and B, and choose to enroll in CCA Health SCO Program

MassHealth Standard (Medicaid) information

Are you enrolled in MassHealth?: Yes No

Please write your MassHealth number or attach a copy of your MassHealth card. Your MassHealth number is the 12-digit number under your name.

MassHealth Number

You must be 65 years or older, have MassHealth Standard benefits, live in the plan's service area, not be a resident of a chronic hospital, and not have any other comprehensive health insurance to enroll in a senior care organization. To apply for MassHealth, call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). If you require assistance, please contact CCA at 888-537-5816 (TTY: 711) 7 days a week, 8 am – 8 pm (From April 1 – September 30: Monday through Friday, 8 am – 8 pm)

Information about you (please type or print in black or blue ink)

Last Name		First Name		Middle Initial
Birth Date		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone Number () -		Mobile Phone Number () -		
Name of Skilled Nursing Facility (if applicable)			Medicare Number	
Permanent Street Address (not a P.O. Box)				
City	Country	State	Zip Code	

Enrollee's Name _____

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Mailing Address (Only if it's different from above. You can give a P.O. Box.)

City	State	Zip Code
------	-------	----------

Email Address (optional)

Will you have other prescription drug coverage in addition to CCA Senior Care Options and MassHealth (Medicaid)? Yes No

(Examples: other private insurance, TRICARE, Federal employee health benefits coverage, VA Benefits, or State programs.)

If you answered "yes," what is the name of the other insurance?

Name of Other Insurance

Member Number	Group Number
Rx Bin	Rx PCN (optional)

Please read and sign below

By completing this enrollment application, I agree to the following:

Commonwealth Care Alliance SCO Program is a Medicare Advantage plan and has a contract with the federal government. Commonwealth Care Alliance SCO Program also has a contract with the Commonwealth of Massachusetts/MassHealth. I will need to keep my MassHealth Standard and my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Because I have MassHealth, I may leave Commonwealth Care Alliance SCO Program at any time. I will no longer be covered by Commonwealth Care Alliance SCO Program on the first day of the month following the month I request to leave Commonwealth Care Alliance SCO Program. (Example: I request to leave this plan on July 10; I am no longer covered by this plan on August 1.

Commonwealth Care Alliance SCO Program serves a specific service area. If I move out of the area that Commonwealth Care Alliance SCO Program serves, I need to notify the plan so that I can disenroll and find a new plan in my new area. Once I am a member of Commonwealth Care Alliance SCO Program, I have the right to appeal plan decisions about payment or services if I disagree with them. I will read the Evidence of Coverage from Commonwealth Care Alliance SCO Program when I receive it to know which rules I must follow in order to receive coverage with this Medicare Advantage plan. I understand that Medicare beneficiaries are generally not covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date that Commonwealth Care Alliance SCO Program coverage begins, I must get all my health care from Commonwealth Care Alliance SCO Program with the exception of emergency or urgently needed services or out-of-area dialysis services. Services authorized by Commonwealth Care Alliance SCO Program and other services contained in my Commonwealth Care Alliance SCO Program Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR COMMONWEALTH CARE ALLIANCE SCO PROGRAM WILL PAY FOR THE SERVICES.

I understand that if I am receiving assistance from a sales agent, broker, or other individual employed by or contracted with Commonwealth Care Alliance SCO Program, he or she may be compensated based on my enrollment in Commonwealth Care Alliance SCO Program.

Enrollee's Name _____

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By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that Commonwealth Care Alliance SCO Program will release my information to Medicare, who may release it for research and other purposes that follow all applicable federal statutes and regulations.

I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the state where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request by Commonwealth Care Alliance SCO Program or by Medicare.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Signature of applicant/member/authorized representative

Today's Date

**If you are the authorized representative, you must sign above and provide the following information:
*NOT A SALES AGENT**

Last Name

First Name

Address

City

State

ZIP Code

Home Phone Number

() -

Relationship to Applicant

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

No, not of Hispanic, Latino/a, or Spanish origin

Yes, Cuban

Yes, Mexican, Mexican American, Chicano/a

Yes, another Hispanic, Latino/a, or Spanish origin

Yes, Puerto Rican

I choose not to answer

What's your race? Select all that apply.

American Indian or Alaska Native

Guamanian or Chamorro

Other Pacific Islander

Asian Indian

Japanese

Samoan

Black or African American

Korean

Vietnamese

Chinese

Native Hawaiian

White

Filipino

Other Asian

I choose not to answer

Enrollee's Name _____

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A few questions to help us manage your plan**1. Would you prefer plan information in another language or an accessible format?** Yes NoPlease check what you'd like: Spanish Braille Other

You can get this document for free in other formats, such as large print, 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.

2. Do you or your spouse work? Yes No

Do you or your spouse have other health insurance that will cover medical services? (Examples: Other employer group coverage, LTD coverage, Workman's Compensation, Auto Liability, or Veterans benefits)

 Yes No

If "yes," please complete the following:

Name of Health Insurance Company

Member Number

3. Please give us the name of your primary care provider (PCP), clinic or health center.

You can find a list on the plan website or in the provider directory.

Provider or PCP full name

Enrollee's Name _____

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For sales representative/agency use only	
Licensed Sales Representative/Writing ID	Initial Receipt Date
Licensed Sales Representative/Agent Name	Proposed Effective Date
Agent must complete <input type="checkbox"/> IEP (MA-PD Enrollee) <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) <input type="checkbox"/> OEP (newly eligible) <input type="checkbox"/> SEP (Change in residence) <input type="checkbox"/> SEP (Chronic) <input type="checkbox"/> AEP (October 15 – December 7) <input type="checkbox"/> SEP (SEP Reason)	<input type="checkbox"/> ICEP (MA Enrollees) <input type="checkbox"/> OEP (Jan 1 – Mar 31) <input type="checkbox"/> SEP (Dual LIS change of status) <input type="checkbox"/> SEP (Loss of EGHP coverage) <input type="checkbox"/> SEP (Dual LIS maintaining) <input type="checkbox"/> OEPI

Licensed Sales Representative Signature	Date

Please mail or fax completed form to:

ATTN: Enrollment Department
30 Winter Street
Boston, MA 02108

Enrollee's Name _____

PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

MEDICARE ADVANTAGE ENROLLMENT PERIODS

There are different types of enrollment periods throughout the year when individuals may enroll or make changes to their Medicare plan.

2022			2023									
OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Annual Enrollment Period Oct 15 - Dec 7			Open Enrollment Period Jan 1 — Mar 31			Lock-in Period Apr 1 — Oct 14						
Special Enrollment Period and Initial Coverage Election Period, for those that qualify, is open all year.												
Open Enrollment Period for Institutionalized Individuals is open all year.												

Annual Enrollment Period (AEP)

Available October 15 through December 7

During this time, you may join, drop, or switch to the Medicare Advantage plan that is best for you.

Your change in enrollment will become effective January 1 the following year.

Lock In Period

April 1 through October 14

During this time, you cannot make requests to change your Medicare plan unless you meet the requirements for Special Enrollment Period or Open Enrollment for Institutionalized Individuals.

Medicare Advantage Open Enrollment Period (MA OEP)

Available January 1 through March 31

During this period, individuals who are enrolled in a Medicare Advantage plan can add or drop Part D coverage. Individuals enrolled in either Medicare Advantage Prescription Drug or Medicare Advantage only plans can switch to:

- Medicare Advantage Prescription Drugs
- Medicare Advantage only
- Original Medicare (with or without) a stand-alone Part D plan

The effective date for an MA OEP election is the first of the month after the plan receives your enrollment request.

H2225_23_011_C

MEDICARE ADVANTAGE ENROLLMENT PERIODS

Special Election Period (SEP)

Available all year to qualifying individuals.

During this time, you may join, drop or switch your Medicare Advantage plan if you move out of the plan's service area, lose your employer or union coverage, enroll in a PACE program, or have a chronic condition that allows you to enroll in a Special Needs Plan designed to specifically treat individuals with your chronic health condition.

Visit [Medicare.gov](https://www.Medicare.gov) for a list of qualifying events.

Initial Coverage Election Period (ICEP)

Available all year to qualifying individuals.

This enrollment period revolves around an individual's 65th birthday or the 25th month of disability. It is associated to one's initial entitlement to both Medicare Part A, B, and D. This period begins three months before the individual's first entitlement to both Medicare Part A, B, and D and ends on the later of:

1. The last day of the month preceding entitlement to both Part A, B, or D, or
2. The last day of the individual's Part B initial enrollment period.

Open Enrollment Period for Institutionalized Individuals (OEPI)

Available all year to qualifying individuals.

If you are institutionalized, you can enroll in or disenroll from a Medicare Advantage Special Needs Plan for institutionalized individuals at any time.



Questions?

Please call us. We're here to help.
855-210-1790 (TTY 711)

8 am – 8 pm, Monday – Friday
from April 1 – September 30
8 am – 8 pm, 7 days a week
from October 1 – March 31.

WELCOME TO COMMONWEALTH CARE ALLIANCE® (CCA)!

Name: _____

Your plan starts on: _____

Now that you have enrolled in CCA Senior Care Options (HMO D-SNP) from CCA, here's what to expect next:

- 1** You will receive a **welcome call** from a CCA new member specialist. They will schedule your first assessment with a nurse. The assessment will help us build a **care plan** based on your health needs.
- 2** You will also receive a **welcome letter** and your **CCA member ID card**. The date your coverage begins will be shown on your welcome letter.
- 3** We will connect you to a **CCA care partner**. Your care partner will work with you to coordinate your care needs with your CCA care team and other providers.

Questions? Please call us. We're here to help.
866-610-2273 (TTY 711)

8 am – 8 pm, Monday – Friday from April 1 – September 30
8 am – 8 pm, 7 days a week from October 1 – March 31.

Or visit: ccama.org/senior-care-options

CCA SENIOR CARE OPTIONS (HMO D-SNP)

This plan covers both Medicare and Medicaid benefits including medical, behavioral health, dental, pharmacy, and vision care.

Members: Your CCA member ID card will be mailed to you and will look like this:

 CCA Senior Care Options (HMO D-SNP)	This plan covers both Medicare and Medicaid benefits including Medical, Behavioral Health, Dental, Pharmacy & Vision Care
Member JANE SMITH	Members: Please use this card for both medical services and prescription drugs. In an emergency, call 911 or go to the nearest emergency room. Please call your PCP or care manager as soon as possible.
Member ID 1234 567 890	Commonwealth Care Alliance Member Services: 1-866-610-2273 (TTY 711)
 RxBIN 610602 RxPCN NVTD RxGRP SCO RxID 1234 567 890	Provider Services: Please call 1-866-610-2273 (TTY 711)
Care Coordinator Phone: 1-866-610-2273 (TTY 711) Copays: OV \$0 ER \$0 BH \$0 RX \$0	Pharmacy Services: Please call 1-866-270-3877
H2225 001	Submit claims to: Commonwealth Care Alliance Claims P.O. Box 22280 Portsmouth, NH 03802-2280 Tel. 1-800-306-0732
	Submit dental claims to: CCA Claims P.O. Box 508 Milwaukee, WI 53201 Tel. 1-855-434-9243

Questions? Please call us. We're here to help.
866-610-2273 (TTY 711)

8 am – 8 pm, Monday – Friday from April 1 – September 30
8 am – 8 pm, 7 days a week from October 1 – March 31.

Or visit: ccama.org/senior-care-options.

CCA Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. Enrollment in the plan depends on contract renewal.

2023 SUMMARY OF BENEFITS

Commonwealth Care Alliance® Massachusetts

CCA Senior Care Options (HMO D-SNP)



30 Winter Street
Boston, MA 02108
H2225_23_SB_M Approved



CCA Senior Care Options HMO D-SNP | 2023 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by CCA Senior Care Options. 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 Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

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If you have questions, please call CCA Senior Care Options 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.

A. Disclaimers



This is a summary of health services covered by CCA Senior Care Options for January 1, 2023. This is only a summary. Please read the **Evidence of Coverage (EOC)** for the full list of benefits. To get the EOC, 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

- ❖ CCA Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. Enrollment in the plan depends on contract renewal.
- ❖ **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecover.
- ❖ When this document says “we,” “us,” or “our,” it means Commonwealth Care Alliance, Inc. When it says “plan” or “our plan,” it means CCA Senior Care Options.
- ❖ In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- ❖ This information is not a complete description of benefits. Contact Member Services for more information.
- ❖ Benefits may change on January 1, 2024. The List of Covered Drugs (formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ For more information about **Medicare**, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **MassHealth (Medicaid)**, call 1-800-841-2900. TTY users should call 1-800-497-4648.
- ❖ **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.

Notice of Nondiscrimination

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

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

If you need these services, contact Member Services. If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance, Inc.
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.



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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 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 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 (телефайп 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 (Ελληνικό): 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: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ 1-866-610-2273 (TTY 711)។

Lao/Laotian (ລາວ): ໂປດຊາ: ຖ້ວງ ທ່ານເວົ້າລາວ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີໄວ້ອາໄຫ້ທ່ານ. ໂທສ 1-866-610-2273 (TTY 711).

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

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<p>What is a Senior Care Options Plan?</p>	<p>A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people ages 65 and older with Medicare and MassHealth Standard (Medicaid) coverage, and no other comprehensive health insurance. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports (LTSS), 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.</p>
<p>What makes CCA Senior Care Options special?</p>	<p>CCA Senior Care Options is offered by Commonwealth Care Alliance, Inc., a nonprofit, innovative care delivery system. We aim to provide the best possible personalized care to adults with complex healthcare needs. We use proven clinical strategies that improve care, within a team-based approach to care and look for new and better ways to provide high quality primary care and support services. Our members have a voice in the decisions affecting their care. Our clinical teams work with members, their families, and caregivers. Our goal is to help members enjoy the best possible quality of life through better health and greater independence.</p> <p>Some special features of the program include:</p> <ul style="list-style-type: none"> • Individualized care plans to address your care needs • The ability to receive care and support services in your own community • Flexibility to remain at home with needed care and supports • 24 hours a day, 7 days a week access to clinical staff • Active involvement in care decisions by you and your appointed representative • A centralized record of your health and medical information



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Frequently Asked Questions	Answers
<p>Will I get the same Medicare and MassHealth Standard (Medicaid) benefits in CCA Senior Care Options that I get now?</p>	<p>You will get your covered Medicare and MassHealth Standard (Medicaid) benefits directly from CCA Senior Care Options. 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 Massachusetts State Agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in CCA Senior Care Options, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that CCA Senior Care Options 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 Senior Care Options to cover your drug if medically necessary. For more information, 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.)</p>
<p>Can I use the same doctors I use now?</p> <p>Continues on next page</p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other healthcare providers) work with CCA Senior Care Options and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in the CCA Senior Care Options network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.

Frequently Asked Questions	Answers
<p>Can I use the same doctors I use now? (continued)</p>	<ul style="list-style-type: none"> If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the CCA Senior Care Options plan. <p>To find out if your healthcare providers are in the plan's network, 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 read the CCA Senior Care Options Provider and Pharmacy Directory on our website: www.ccama.org</p> <p>If CCA Senior Care Options is new for you, we will work with you to develop a care plan to address your needs.</p>
<p>What is a CCA Senior Care Options care partner?</p>	<p>A CCA Senior Care Options 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.</p>
<p>What are long-term services and supports (LTSS)?</p>	<p>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.</p>
<p>What is a geriatric support services coordinator (GSSC)?</p>	<p>A CCA Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.</p>
<p>What happens if I need a service but no one in the CCA Senior Care Options network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CCA Senior Care Options will pay for the cost of an out-of-network provider.</p>



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Frequently Asked Questions	Answers
<p>Where is CCA Senior Care Options available?</p>	<p>The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts. You must live in of these counties to join the plan.</p> <p>We do not currently service Barnstable, Berkshire, Dukes, or Nantucket counties.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means an approval in advance from CCA Senior Care Options to get certain services or certain drugs.</p> <ul style="list-style-type: none"> • Some in-network medical services are covered only if your doctor or other network provider gets “prior authorization” from our plan. Covered services that need prior authorization are marked in the Benefits Chart in Chapter 4 of the Evidence of Coverage. • Some drugs are covered only if your doctor or other network provider gets “prior authorization” from us. Covered drugs that need prior authorization are marked in the List of Covered Drugs (formulary). <p>CCA Senior Care Options may not cover the service, procedure, item, or drug if you don’t get the required prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get prior authorization first. CCA Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from CCA Senior Care Options before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, please review the Evidence of Coverage or the List of Covered Drugs (Drug List/formulary), or 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.)</p>

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under CCA Senior Care Options?	No. Because you have MassHealth Standard (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of CCA Senior Care Options?	No. You do not pay deductibles in CCA Senior Care Options.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of CCA Senior Care Options?	There are no copays (cost sharing) for medical services in CCA Senior Care Options, so your annual out-of-pocket costs will be \$0.

C. List of covered services

The following table 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 need hospital care Continued on next page	Hospital stay	\$0	There is no coverage limit to this benefit. Prior authorization is required, except for inpatient substance use disorder and emergency admissions.



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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 hospital care (continued)</p>	<p>Doctor or surgeon care</p>	<p>\$0</p>	<p>Prior authorization is not required for services provided by a contracted provider, except for certified ambulatory surgical centers, non-routine dental care, and services provided by out-of-network providers.</p>
	<p>Outpatient hospital services, including observation</p>	<p>\$0</p>	<p>Prior authorization is required for outpatient surgery. Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization. Observation during your stay in a hospital does not require prior authorization.</p>
	<p>Ambulatory surgical center (ASC) services</p>	<p>\$0</p>	<p>Prior authorization is required.</p>
<p>You want a doctor</p>	<p>Visits to treat an injury or illness</p>	<p>\$0</p>	<p>Prior authorization is not required.</p>
	<p>Specialist care</p>	<p>\$0</p>	<p>Prior authorization is not required for services provided by a contracted provider. Prior authorization is required for certified ambulatory surgical centers, non-routine dental care, and services provided by out-of-network providers.</p>
<p>Continued on next page</p>	<p>Annual wellness visits, such as a physical</p>	<p>\$0</p>	<p>Prior authorization is not required.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want a doctor (continued)</p>	<p>Care to keep you from getting sick, such as flu shots and screenings to check for cancer</p>	<p>\$0</p>	<p>Prior authorization is not required.</p>
	<p>“Welcome to Medicare” preventive visit (one-time only)</p>	<p>\$0</p>	<p>Prior authorization is not required.</p>
<p>You need emergency care</p> <p>Continued on next page</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>Emergency services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Our plan also covers emergency services, including emergency transportation, and urgently needed care, outside the United States and its territories up to one hundred thousand dollars (\$100,000) per calendar year. You pay \$0 as a member of the CCA Senior Care Options plan. This is a supplemental benefit covered under our plan. For more information about emergency care, please call Member Services or see the Evidence of Coverage, Chapter 3.</p> <p>Prior authorization is not required.</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 emergency care (Continued)</p>	<p>Urgent care</p>	<p>\$0</p>	<p>Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories up to one hundred thousand dollars (\$100,000) per calendar year. You pay \$0 as a member of the CCA Senior Care Options plan. This is a supplemental benefit covered under our plan. For more information about urgently needed care, please call Member Services or see the Evidence of Coverage, Chapter 3.</p> <p>Prior authorization is not required.</p>
<p>You need medical tests</p>	<p>Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p> <p>Lab tests and diagnostic procedures, such as blood work</p>	<p>\$0</p> <p>\$0</p>	<p>Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization.</p> <p>Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization is not required for routine hearing exams, evaluations, repairs and replacements provided by a network provider.
	Hearing aids	\$0	Prior authorization is required for hearing aids costing more than \$500 per ear per year. To set up an appointment, call NationsHearing at 877-277-9196 (TTY 711). To learn more about your hearing aid benefits, see the Evidence of Coverage , Chapter 4.
You need dental care	Dental check-ups and preventive care	\$0	Prior authorization is not required.
	Comprehensive and emergency dental care	\$0	Prior authorization may be required. For more information about comprehensive and emergency dental care benefits, call Member Services or see the Evidence Coverage , Chapter 4.
You need eye care	Eye exams	\$0	Prior authorization is not required.
	Eye lenses	\$0	Prior authorization is not required for one set of base lenses (single, bifocal, trifocal) per year. To learn more about your eyewear benefits, call Member Services or see the Evidence Coverage , Chapter 4.
	Glasses or contact lenses	\$0	Prior authorization is not required for prescription eyewear up to \$300. Prior authorization is required for any eyewear beyond the \$300 limit. Services must be provided by a network provider. To learn more about your eyewear benefits, call Member Services or see the Evidence Coverage , Chapter 4.
	Other vision care	\$0	Prior authorization may be required.



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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 have a behavioral health condition</p>	<p>Behavioral health services Inpatient and outpatient care and community-based services for people who need behavioral healthcare</p>	<p>\$0 \$0</p>	<p>Prior authorization is not required.</p> <p>Prior authorization is required for inpatient care, except for inpatient substance use and emergency admissions.</p> <p>Prior authorization is not required except for neuropsychological testing, psychological testing, electroconvulsive therapy, and transcranial magnetic stimulation.</p>
<p>You have a substance use disorder</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>Prior authorization is not required.</p>
<p>You need a place to live with people available to help you</p>	<p>Skilled nursing care Nursing home care Adult Foster Care and Group Adult Foster Care</p>	<p>\$0 \$0 \$0</p>	<p>Each benefit period, you are covered for up to 100 days for skilled nursing. Your stay is unlimited for long-term care. No prior hospital stay is required. Prior authorization is required.</p> <p>Prior authorization is required.</p> <p>Prior authorization is required.</p>

Health need or concern	Services you may need	Your costs for in-network 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.
You need help getting to health services	Ambulance services Emergency transportation	\$0	Prior authorization is not required, except for non-emergency ambulance services. Prior authorization is not required.
You need drugs to treat your illness or condition Continued on next page	Medicare Part B prescription drugs	\$0	Prior authorization is not required, except for medical marijuana. Limitations apply. Please refer to “additional services” below for information about transportation to non-medical destinations. To set up medical and non-medical transportation rides, please contact our transportation partner, Coordinated Transportation Services (CTS) at 855-204-1410 (TTY 711). Part B drugs include drugs given by your healthcare provider in their office, some oral cancer drugs, and some drugs used with certain medical equipment. See the Evidence of Coverage for more information on these drugs. Prior authorization may be required.



If you have questions, please call CCA Senior Care Options 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

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 (continued)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see the CCA Senior Care Options List of Covered Drugs (Drug List/formulary) for more information.</p> <p>You pay \$0 for a 31-day supply, mail-order, or extended day supply (90 days). Extended day supplies are available at both retail and mail order pharmacy locations.</p>
	<p>Brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see the Senior Care Options Program List of Covered Drugs (Drug List/formulary) for more information.</p> <p>You pay \$0 for a 31-day supply, mail-order or extended day supply (90-day supply). Extended day supplies are available at both retail and mail order pharmacy locations.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see the CCA Senior Care Options List of Covered Drugs (Drug List/formulary) for more information.</p>
<p>You need help getting better or have special health needs</p>	<p>Rehabilitation services, including Supervised Exercise Therapy (SET)</p>	<p>\$0</p>	<p>Prior authorization is required.</p>
<p>Continued on next page</p>	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>Prior authorization may be required. Limitations may apply. For more information about durable medical equipment and related supplies, please call Member Services.</p>

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 contracted provider or for dialysis provided by an out-of-network provider when you are temporarily out of the service area.
You need foot care	Podiatry services	\$0	Prior authorization is not required for services provided by a contracted provider. Prior authorization is required for podiatric surgery and podiatry services provided in a nursing home.
	Orthotic services	\$0	Prior authorization may be required. For more information about durable medical equipment and orthotics, call Member Services.



If you have questions, please call CCA Senior Care Options 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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Evidence of Coverage.</p>	<p>Wheelchairs, crutches, and walkers</p> <p>Nebulizers</p> <p>Oxygen equipment and supplies</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>Limits may apply to certain DME. Prior authorization may be required.</p> <p>Limits may apply to certain DME. Prior authorization is not required.</p> <p>Limits may apply to certain DME. Prior authorization may be required.</p>
<p>You need help living at home</p> <p>Continued on next page</p>	<p>Home health services</p> <p>Home services, such as cleaning or housekeeping</p>	<p>\$0</p> <p>\$0</p>	<p>Prior authorization is required.</p> <p>Prior authorization is required.</p>

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 (continued)	<p>Adult day health or other support services</p> <p>Day habilitation services</p> <p>Services to help you live on your own (home healthcare services or personal care attendant services)</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>Prior authorization is required.</p> <p>Prior authorization is required.</p> <p>Prior authorization is required.</p>
Additional services	Acupuncture services	\$0	The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan. For more information about acupuncture, please call Member Services or see the Evidence of Coverage , Chapter 4.
Continued on next page			



If you have questions, please call CCA Senior Care Options 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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>Additional services (continued)</p> <p>Continued on next page</p>	Annual wellness visit reward	\$0	<p>An annual wellness visit or an annual physical exam qualifies for one \$25 reward per year after you've completed the visit. Routine primary care provider (PCP) visits, like a follow-up or sick visit, do not qualify for the reward. To earn this reward, you must have an annual wellness visit or an annual exam and your provider must submit a claim confirming your visit was completed. Either annual visit type is longer than routine PCP visits. During an annual wellness visit or an annual exam, you and your provider will review your overall health in detail. After you complete your qualifying exam and your provider bills us (the health plan), a reward will be loaded to your Healthy Savings card.</p>
	Chiropractic services	\$0	<p>The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan.</p>
	Diabetes supplies and services	\$0	<p>Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips, OneTouch Ultra2® Glucose System, OneTouch Ultra Mini® Meter, OneTouch Verio Flex® Meter, OneTouch Verio IQ® Meter, OneTouch Ultra® Test Strips and OneTouch Verio® Test Strips.</p> <p>Some restrictions may apply. You can obtain a new glucometer and test strips by requesting a new prescription from your provider to fill at your local pharmacy.</p> <p>Prior authorization is not required for diabetes self-management training, diabetic services, and other diabetic supplies provided by a network provider.</p> <p>For more information about diabetes supplies and services, see the Evidence of Coverage, Chapter 4.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	CCA Healthy Savings card to purchase certain Medicare-approved over-the-counter (OTC) items and healthy food	\$0	<p>You receive a CCA Healthy Savings card with an allowance of \$285 every calendar quarter (every three months) to purchase healthy foods and/or Medicare-approved over-the-counter items such as hand sanitizer, masks, first aid supplies, toothbrushes, and cold medicine without a prescription at in-network retailers.</p> <p>Members without chronic illness can only use the Healthy Savings card towards the purchase of Medicare-approved over-the-counter items at in-network retailers.</p> <p>Members with chronic illnesses can use the Healthy Savings card for the purchase of healthy foods at in-network retailers.</p> <p>Prior authorization is not required for covered Medicare-approved over-the-counter items purchased from an in-network retailer.</p>
Continued on next page	Wellness allowance	\$0	<p>The plan reimburses you up to \$250 each calendar year towards your cost for membership in a qualified health club or fitness facility, covered instructional fitness classes, participation in wellness programs, memory fitness activities, an activity tracker (e.g. Fitbit, Apple watch, etc.), weight management programs, and fitness equipment.</p> <p>For more information, please call Member Services or see the Evidence of Coverage, Chapter 4.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Help with chronic conditions	\$0	<p>Members with chronic conditions may qualify for:</p> <ul style="list-style-type: none"> - A food and produce allowance through their CCA Healthy Savings card - Identity theft protection <p>Chronic diseases are generally conditions that require ongoing medical attention or limit activities of daily living. The condition is diagnosed by a licensed medical professional, including your primary care provider, nurse practitioner, and similar providers.</p> <p>For more information, please call Member Services or see the Evidence of Coverage, Chapter 4.</p>
	Telehealth (virtual care)	\$0	<p>You have the option of getting certain services by telehealth, including: urgently needed services; home health services; primary care provider services; occupational therapy services; individual sessions for behavioral 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> <p>For more information, please call Member Services or see the Evidence of Coverage, Chapter 4.</p>

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the CCA Senior Care Options **Evidence of Coverage**. If you don't have an **Evidence of Coverage**, call CCA Senior Care Options Member Services to get one 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.). If you have questions, you can also call Member Services or visit www.ccama.org.



If you have questions, please call CCA Senior Care Options 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

D. Benefits covered outside of CCA Senior Care Options

There are some services that you can get that are not covered by CCA Senior Care Options but are covered by Medicare, MassHealth (Medicaid), or a Massachusetts State Agency. This is not a complete list. Call Member Services to find out about these services.

Other services covered by Medicare, MassHealth (Medicaid), or a Massachusetts State Agency	Your costs
Medicare-approved clinical research study	<p>\$0</p> <p>See Chapter 3, Section 5 of the Evidence of Coverage for more information on clinical research studies.</p>
Experimental medical and surgical procedures, equipment, and medications	<p>\$0</p> <p>May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan.</p> <p>See Chapter 3, Section 5 of the Evidence of Coverage for more information on clinical research studies.</p>
Certain hospice care services covered outside of CCA Senior Care Options	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

E. Services that CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

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

Services CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover
Services that you get without prior authorization when prior authorization is required (The benefits chart in Chapter 4 of the Evidence of Coverage tells which services require prior authorization.)
Naturopath services (uses natural or alternative treatments)
E-cigarettes
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

F. Your rights as a member of the plan

As a member of CCA Senior Care Options, you have certain rights. You can exercise these rights without being punished. 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 **Evidence of Coverage**. 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 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



If you have questions, please call CCA Senior Care Options 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

- Get information in a way that works for you (in languages other than English, in braille, in large print, or other alternate formats, etc.) free of charge
- Be free from any form of physical restraint or seclusion
- **You have the right to get information about your healthcare, the plan, your covered services, our practitioners and providers, and your rights and responsibilities as a member.** This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
 - Description of the services we cover, information about why something is not covered and what you can do about it, and the rules you must follow when using your coverage
 - How to get services
 - How much services will cost you; You pay \$0 as a member of CCA Senior Care Options
 - Names of healthcare providers and information about providers, including network pharmacies
- **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 during the year
 - See a women’s healthcare provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Participate fully in decisions with your doctors about what treatment is best for you
 - Refuse treatment, even if your healthcare provider advises against it
 - Stop taking medicine, even if your healthcare provider advises against it
 - Ask for a second opinion. CCA Senior Care Options will pay for the cost of your second opinion visit
 - Give instructions about what is to be done 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 timely medical care
 - 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
 - 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 healthcare providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** We must protect the privacy of your personal health information. 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
 - Know how the information in your records has been shared with others
- **You have the right to make complaints and to ask us to reconsider decisions we have made about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing



If you have questions, please call CCA Senior Care Options 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

- Get a detailed reason for why services were denied
- Ask our plan to make a coverage decision for you
- Make an appeal to us to change a coverage decision

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

- If you have any recommendations on our member rights and responsibilities policy, you can share your suggestion by calling 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.)

For more information about your rights, you can read the **Evidence of Coverage**, Chapter 7. If you have questions, you can call Member Services.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 339-224-6831).

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

If you have a complaint or think CCA Senior Care Options should cover something we denied, 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 may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the **Evidence of Coverage**. You can also 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.)

H. 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 healthcare provider, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at CCA Senior Care Options 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.)
- Or, call the MassHealth (Medicaid) 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 CCA Senior Care Options 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

If you are interested in enrolling in CCA Senior Care Options:

855-210-1790 (TTY 711)

Calls to this number are free. Free interpreter services are available.

April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday. October 1 to March 31: 8 am to 8 pm, 7 days a week

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

866-610-2273 (TTY 711)

Calls to this number are free. Member Services also has free interpreter services available.

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

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. Free interpreter services are available.

Available 24 hours a day, 7 days a week.

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

866-610-2273 (TTY 711)

Calls to this number are free. Free interpreter services are available.

Available 24 hours a day, 7 days a week.

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IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Commonwealth Care Alliance Massachusetts - H2225

For 2022, Commonwealth Care Alliance Massachusetts - H2225 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.



This plan got
**MEDICARE'S
HIGHEST
RATING (5 stars)**

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Commonwealth Care Alliance Massachusetts 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 866-275-1222 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Sunday, Saturday from 8:00 a.m. to 6:00 p.m. Eastern time Monday, Tuesday, Wednesday, Thursday, Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 866-610-2273 (toll-free) or 711 (TTY).

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Sales Appointment Confirmation Form

To be completed by person with Medicare

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. Please check what you want to discuss with the Licensed Sales Representative.

Please indicate the product(s) you agree to discuss by checking the applicable checkbox(es):

<input type="checkbox"/>	Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.
<input type="checkbox"/>	Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do not work directly for the federal government.

Signing this form does not affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential. Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary Signature:	
First Name:	Last Name:
Date:	Time:
<i>If you are an authorized Representative, please sign</i>	
Authorized Representative:	Relationship with Beneficiary:

To be completed by Agent

Agent Name:		Agent Phone:	
Beneficiary Name:		Beneficiary Phone:	
Beneficiary Address:			
City:	State:	Zip:	
Initial Method of Contact:		Phone:	
Agent's Signature:		Date:	Time:
[Plan Use Only] Please provide additional details with the collection of the SOA			

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This is *uncommon care*[®]

To get answers to your questions, talk to one of our friendly licensed agents - OR - CCA representatives. There's no obligation!

CALL 855-210-1790 (TTY 711)

8 am – 8 pm, Monday – Friday from April 1 – September 30
8 am – 8 pm, 7 days a week from October 1 – March 31.

You can also visit our website to learn more at:
ccama.org/senior-care-options.

You can get this document for free in other formats, such as large print, 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.

CCA Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.