

2023 SUMMARY OF BENEFITS

Commonwealth Care Alliance[®] Massachusetts

CCA Medicare Preferred (PPO)

CCA Medicare Value (PPO)

CCA Medicare Premier (PPO)



30 Winter Street
Boston, MA 02108
H9414-001/002/003



CCA Medicare Preferred (PPO), CCA Medicare Value (PPO), & CCA Medicare Premier (PPO) 2023 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier. It includes important contact information, an overview of benefits and services offered, and information about your rights as a member of CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier. 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 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.) The call is free. **For more information**, visit ccama.org

Disclaimers



This is a summary of health services covered by CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier 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 Medicare Preferred (PPO), CCA Medicare Value (PPO), and CCA Medicare Premier (PPO) are health plans with a Medicare contract. Enrollment depends on contract renewal.
- ❖ When this document says “we,” “us,” or “our,” it means Commonwealth Care Alliance Massachusetts, LLC. When it says “plan” or “our plan,” it means CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier.
- ❖ In the Commonwealth of Massachusetts, Commonwealth Care Alliance Massachusetts, LLC 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.
- ❖ 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 1-866-610-2273 (TTY 711).

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

Chinese (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-610-2273 (TTY 711)。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-610-2273 (TTY 711).

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

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-610-2273 (TTY 711).

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

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

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

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

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

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

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

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

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

Greek (Ελληνικά): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-610-2273 (TTY 711).

Japanese (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-610-2273 (TTY 711) まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-610-2273 (TTY 711)។

Lao/Laotian (ລາວ): 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).

Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare Advantage plan?	A Medicare Advantage plan is a health plan that contracts with Medicare to provide benefits to enrollees. Medicare Advantage plans must cover all benefits you'd get through Original Medicare (Medicare Part A and Part B). They are also called Medicare Part C plans. Most Medicare Advantage plans offer extra, or supplemental benefits, like vision, dental and hearing. Also, they usually cover Part D, or prescription drugs, as well.
What makes our plans special?	<p>We aim to provide the best possible personalized care to adults to meet their healthcare needs. We use proven clinical strategies within a team-based approach and look for new and better ways to provide high quality healthcare. Our members have a voice in the decisions affecting their care. 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 our plans include:</p> <ul style="list-style-type: none">• 24 hours a day, 7 days a week access to our Nurse Advice line by calling 866-610-2273 (TTY 711)• Active involvement in care decisions by you and your appointed representative• A centralized record of your health and medical information• If you have complex needs, you will also have access to an individualized care plan and supports to keep you independent at home



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Frequently Asked Questions	Answers
<p>Can I use the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other healthcare providers) work with CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier, 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. • We encourage you to use the providers in our network. If you use providers or pharmacies that are not in our network, you may pay a higher copay or coinsurance. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the 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.</p> <p>You can also go to www.ccama.org to search for a network provider or pharmacy.</p> <p>Our plans do not require referrals.</p> <p>Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.</p>
<p>Where is CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier available?</p>	<p>The service area for CCA Medicare Preferred and CCA Medicare Value includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts.</p> <p>The service area for CCA Medicare Premier includes: Middlesex, Norfolk, Suffolk, and Worcester counties in Massachusetts.</p> <p>You must live in of these counties to join the plan.</p>

Frequently Asked Questions	Answers
	<p>Call Member Services for more information about whether the plan is available where you live 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>What is prior authorization?</p>	<p>Prior authorization means an approval in advance 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 Medical Benefits Chart in Chapter 4 of the Evidence of Coverage. CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier each have their own 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>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. We can provide you or your provider with a list of services or procedures that require you to get prior authorization from the plan 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>



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How will I determine my drug costs for CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier?

Our plans group each medication into one of five “tiers.” You will need to use your **List of Covered Drugs** to locate what tier your drug is on and determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, the Coverage Gap, and Catastrophic Coverage.

CCA Medicare Preferred and CCA Medicare Premier offer reduced prices on select insulin drugs. Covered brands include: Insulin Aspart[®], Humulin R U-500[®], Novolog[®], Levemir[®], Lantus[®], Toujeo[®], Fiasp[®], Novolin[®], Tresiba[®], Xultophy[®], Soliqua[®]. Both pens and vials are included.

Out-of-network & long-term care pharmacies can provide one-month supplies at the same cost of a one-month supply at other pharmacies. Some of our in-network pharmacies (including long-term care pharmacies) can provide blister packing, also known as “bubble wrap medications,” for members.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what CCA Medicare Preferred, CCA Medicare Value, and CCA Medicare Premier covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want help understanding your Medicare plan choices and answers to questions about switching plans, call the SHINE (Serving the Health Insurance Needs of Everyone) program at 1-800-AGE-INFO (1-800-243-4636). SHINE is a State Health Insurance Assistance Program (SHIP). It is an independent state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. You can learn more about SHINE at www.shinema.org.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at www.medicare.gov or get a copy 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.

Premiums and Deductibles

	CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan. You must continue to pay your Medicare Part B premium.		\$0 - 20 You must continue to pay your Medicare Part B premium.		\$50 You must continue to pay your Medicare Part B premium.	
Annual Medical Deductible	There is no deductible for this plan.		There is no deductible for this plan.		There is no deductible for this plan.	
Maximum Out-of-Pocket amount (does not include prescription drugs)	\$6,500 annually for Medicare-covered services you receive from in-network providers	\$10,000 annually for Medicare-covered services you receive from both in- and out-of-network providers	\$5,000 annually for Medicare-covered services you receive from in-network providers	\$8,950 annually for Medicare-covered services you receive from both in- and out-of-network providers	\$4,000 annually for Medicare-covered services you receive from in-network providers	\$6,000 annually for Medicare-covered services you receive from both in- and out-of-network providers
<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your share of the cost for your Part D prescription drugs.</p>						

*If you qualify for Extra Help, your costs may be less.



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List of Covered Services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits. Where you see a ² below, prior authorization may be required.

Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital²		\$370 copay/day, days 1-5 \$0 for days 6-90	30% coinsurance per stay	\$275 copay/day, days 1-5 \$0 for days 6-90	30% coinsurance per stay	\$330 copay/day, days 1-5 \$0 for days 6-90	\$330 copay/day, days 1-5 \$0 for days 6-90
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory surgical center (ASC) ²	\$0 copay for a diagnostic colonoscopy, \$270 copay otherwise	40% coinsurance	\$0 copay for a diagnostic colonoscopy \$270 copay otherwise	40% coinsurance	\$0 copay for a diagnostic colonoscopy, \$270 copay otherwise	40% coinsurance
	Outpatient hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy, \$370 copay otherwise	40% coinsurance	\$0 copay for a diagnostic colonoscopy, \$370 copay otherwise	40% coinsurance	\$0 copay for a diagnostic colonoscopy, \$370 copay otherwise	40% coinsurance
	Outpatient hospital observation services ²	\$370 copay	40% coinsurance	\$370 copay	40% coinsurance	\$370 copay	40% coinsurance

Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor Visits	Primary care provider	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Virtual medical visits	\$0-\$40 copay based on provider type	\$0-\$65 copay based on provider type	\$0-\$40 copay based on provider type	\$0-\$65 copay based on provider type	\$0	\$0-\$65 copay based on provider type
	Specialists	\$40 copay	\$65 copay	\$40 copay	\$65 copay	\$0 copay	\$45 copay
Preventive Care	Medicare-covered	\$0 copay	0-40% coinsurance depending on the service	\$0 copay	0-40% coinsurance depending on the service	\$0 copay	0-40% coinsurance depending upon the service
	Routine physical	\$0 copay See Additional Benefits	\$0 copay See Additional Benefits	\$0 copay See Additional Benefits	\$0 copay See Additional Benefits	\$0 copay See Additional Benefits	\$0 copay See Additional Benefits
Emergency Care You pay nothing if admitted within 24 hours		\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay



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Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgently Needed Services		\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$0 copay	\$0 copay
Diagnostic Tests, Lab and Radiology Services, and X- Rays	Diagnostic radiology services (e.g., MRI) ²	\$0-\$130 copay	40% coinsurance	\$0-\$130 copay	40% coinsurance	\$0-\$130 copay	40% coinsurance
	Lab services ²	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$30 copay
	Diagnostic tests and procedures ²	\$30 copay	40% coinsurance	\$30 copay	40% coinsurance	\$0 copay	40% coinsurance
	Therapeutic radiology ²	\$60 copay	40% coinsurance	\$60 copay	40% coinsurance	\$60 copay	40% coinsurance
	Outpatient X-rays	\$0 copay	\$20 copay	\$15 copay	\$20 copay	\$0 copay	\$20 copay
Hearing Services Please contact NationsHearing at 877-277-9196 (TTY 711) for hearing services questions	Exam to diagnose and treat hearing and balance issues	\$0 copay	\$65 copay	\$0 copay	\$65 copay	\$0 copay	\$65 copay
	Routine hearing exam	\$0 copay 1 per year	\$65 copay 1 per year	\$0 copay 1 per year	\$65 copay 1 per year	\$0 copay 1 per year	\$65 copay 1 per year
	Hearing aid	2 aids, every year Tiered copays: Level 1: \$200 Level 2: \$450 Level 3: \$650 Level 4: \$850 Level 5: \$1,150	Hearing aids are covered out-of-network at 50% coinsurance up to \$300 every year	2 aids, every year \$2,000 every year	50% coinsurance of total cost up to \$2,000	\$1000 reimbursement per year for 2 aids	Member can request reimbursement for up to 2 hearing aids (1 per ear) every year, up to allowed maximum amount

Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Dental Benefits	Preventive	2 visits per year Up to 4 cleanings for those with chronic conditions \$0 copay for exams, cleanings, x-rays, and fluoride	2 visits per year Up to 4 cleanings for those with chronic conditions \$0 copay for exams, cleanings, x-rays, and fluoride	2 visits per year Up to 4 cleanings for those with chronic conditions \$0 copay for exams, cleanings, x-rays, and fluoride	2 visits per year Up to 4 cleanings for those with chronic conditions \$0 copay for exams, cleanings, x-rays, and fluoride	2 visits per year Up to 4 cleanings for those with chronic conditions \$0 copay for exams, cleanings, x-rays, and fluoride	2 visits per year Up to 4 cleanings for those with chronic conditions \$0 copay for exams, cleanings, x-rays, and fluoride
	Comprehensive ²	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Combined (preventive and comprehensive)	\$2,300 combined per year maximum		\$2,300 combined per year maximum		\$1,700 combined per year maximum	



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Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Services Please contact VSP at 855-492-9028 to learn more about your eyewear benefits	Exam to diagnose and treat diseases and conditions of the eye	\$0 copay	\$65 copay	\$0 copay	\$65 copay	\$0 copay	\$65 copay
	Eyewear after cataract surgery	\$0 copay	\$65 copay	\$0 Medicare covered	\$65 copay	\$0 Medicare covered	\$65 copay
	Routine eye exam	\$0 copay	50% coinsurance Covered up to \$150	\$0 copay	50% coinsurance Covered up to \$150	\$0 copay	50% coinsurance Covered up to \$150
	Eyewear	1 visit per year \$290 allowance for frames, or contact lenses	1 visit per year \$290 for frames, or contact lenses	1 visit per year \$300 allowance for frames, or contact lenses	1 visit per year \$300 for frames, or contact lenses	1 visit per year \$200 allowance for frames or contact lenses	1 visit per year \$200 allowance for frames or contact lenses
	Eye lenses	\$0 copay for base lenses (single, bifocal, trifocal)	Covered up to \$150	\$0 copay for base lenses (single, bifocal, trifocal)	Covered up to \$150	\$0 copay for base lenses (single, bifocal, trifocal)	Covered up to \$150

Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Behavioral Health	Inpatient visit ²	\$370/day for days 1-5 \$0 for days 6-90	30% coinsurance per stay	\$275/day for days 1-5 \$0 for days 6-90	30% coinsurance per stay	\$330/day for days 1-5 \$0 for days 6-90	\$330/day for days 1-5 \$0 for days 60-90
	Outpatient group therapy visit	\$0 copay per visit	\$30 copay per visit	\$0 copay per visit	\$30 copay per visit	\$0 copay per visit	\$30 copay per visit
	Outpatient individual therapy visit	\$0 copay per visit	\$40 copay per visit	\$0 copay per visit	\$40 copay per visit	\$0 copay per visit	\$40 copay per visit
	Virtual mental health visits	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
	Substance use group therapy visit	\$0 copay per visit	\$30 copay per visit	\$0 copay per visit	\$30 copay per visit	\$0 copay per visit	\$30 copay per visit
	Substance use individual therapy visit	\$0 copay per visit	\$40 copay per visit	\$0 copay per visit	\$40 copay per visit	\$0 copay per visit	\$40 copay per visit
Skilled Nursing Facility²		\$0 copay for days 1-20 \$184 copay /day for days 21-57 \$0 copay for days 58-100	\$225 copay / day for days 1-45 \$0 copay for days 46-100	\$0 copay for days 1-20 \$184 copay/day for days 21-57 \$0 copay for days 58-100	\$225 copay/ day for days 1-45 \$0 copay for days 46-100	\$0 copay for days 1-20 \$184 copay /day for days 21-57 \$0 copay for days 58-100	\$225 copay / day for days 1-45 \$0 copay for days 46-100



If you have questions, please 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.) The call is free. **For more information**, visit ccama.org.

Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical therapy and speech and language therapy visit²		\$0 for in-home visits \$30 at a provider office or facility	\$65 copay	\$0 for in-home visits \$40 at a provider office or facility	\$65 copay	\$0 copay	\$65 copay
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		Ground: \$300 copay Air: \$350 copay	Ground: \$300 copay Air: \$350 copay	Ground: \$300 copay Air: \$350 copay	Ground: \$300 copay Air: \$350 copay	Ground: \$200 copay Air: \$200 copay	Ground: \$200 copay Air: \$200 copay
Routine Transportation To set up medical transportation rides for CCA Medicare Value and CCA Medicare Premier, please contact our provider, CTS at 855-204-1410 (TTY 711).		Not offered		24 one-way medical trips per year	50% up to \$32 per one-way trip	40 one-way trips medical and non-medical	50% up to \$32 per 1-way trip
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
	Other Part B drugs ²	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance

² Prior Authorization may be required

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a standard retail pharmacy. There are 4 stages in prescription drug coverage. The chart is designed to reflect those stages. If you qualify for Extra Help, your drug costs may be less.

Drug Coverage	CCA Medicare Preferred (PPO)			CCA Medicare Value (PPO)			CCA Medicare Premier (PPO)		
Stage 1: Annual Prescription (Part D) Deductible	\$0 for all tiers			\$200* for all tiers *If you qualify for Extra Help, your costs may be less.			\$0 for all tiers		
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	You pay the following copays until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			After you pay your yearly deductible of \$200 for all tiers, you pay the following copays until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			You pay the following copays until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.		
Retail Pharmacy Cost Sharing									
Drug Tier	One-month supply	Two-month supply	Three-month supply ⁴	One-month supply	Two-month supply	Three-month supply ⁴	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$ 0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2 (Generic)	\$ 0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 3 (Preferred Brand)	\$ 47.00 copay	\$94.00 copay	\$131.00 copay	\$47.00 copay	\$94.00 copay	\$141.00 copay	\$47.00 copay	\$94.00 copay	\$141.00 copay
Select Insulin Drugs³	\$35.00 copay	\$70.00 copay	\$95.00 copay	N/A	N/A	N/A	\$35.00 copay	\$70.00 copay	\$95.00 copay
Tier 4 (Non-Preferred Brand)	\$100.00 copay	\$200.00 copay	\$290.00 copay	\$100.00 copay	\$200.00 copay	\$300.00 copay	\$100.00 copay	\$200.00 copay	\$300.00 copay
Tier 5 (Specialty Drugs)	29% coinsurance	N/A specialty drugs are only available for a one-month supply		25% coinsurance	N/A specialty drugs are only available for a one-month supply		25% coinsurance	N/A specialty drugs are only available for a one-month supply	



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Out-of-network & long-term care pharmacies can provide one-month supplies at the same cost of a one-month supply at other pharmacies.

Mail-Order Pharmacy Cost Sharing

Tier	One-month supply	Two-month supply	Three-month supply ⁴	One-month supply	Two-month supply	Three-month supply ⁴	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2 (Generic)	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 3 (Preferred Brand)	\$47.00 copay	\$94.00 copay	\$131.00 copay	\$47.00 copay	\$94.00 copay	\$141.00 copay	\$47.00 copay	\$94.00 copay	\$141.00 copay
Select Insulin Drugs³	\$35.00 copay	\$70.00 copay	\$95.00 copay	N/A	N/A	N/A	\$35.00 copay	\$70.00 copay	\$95.00 copay
Tier 4 (Non-Preferred Brand)	\$100.00 copay	\$200.00 copay	\$290.00 copay	\$100.00 copay	\$200.00 copay	\$300.00 copay	\$100.00 copay	\$200.00 copay	\$300.00 copay
Tier 5 (Specialty Drugs)	29% coinsurance	N/A specialty drugs are only available for a one-month supply		25% coinsurance	N/A specialty drugs are only available for a one-month supply		25% coinsurance	N/A specialty drugs are only available for a one-month supply	
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.								
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay: <ul style="list-style-type: none"> • Generic: the greater of 5% coinsurance, or \$4.15 copay Brand and all other: the greater of 5% coinsurance or \$10.35 copay								

<p>Extra Help</p>	<p>A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance. If you have questions about “Extra Help,” call:</p> <ul style="list-style-type: none"> • 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 (applications), 24 hours a day, 7 days a week; • The Social Security Office at 1-800-772-1213, between 7 am to 7 pm, Monday through Friday. TTY users should call 1-800-325-0778; or <p>Your State MassHealth (Medicaid) Office: 1-844-422-6277 or 1-844-422-MASS (toll-free)</p>
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³ For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. See some of the covered insulin brands in the FAQ section. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. Subject to the terms set forth in the Inflation Reduction Act, you will never pay more than 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

⁴ The 3-month supply for CCA Medicare Preferred and CCA Medicare Value is 100 days, instead of 90 days.



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Additional Benefits

Additional Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Acupuncture	Medicare-covered acupuncture for chronic back pain	\$40 copay per visit No more than 20 visits per year	\$65 copay per visit	\$40 copay per visit No more than 20 visits per year	\$65 copay per visit	\$0 copay per visit	\$65 copay per visit
Annual Wellness Visit Reward		\$25 reward on member's CCA Healthy Savings card for an annual wellness visit		\$25 reward on member's CCA Healthy Savings card for an annual wellness visit		\$25 reward on member's CCA Healthy Savings card for an annual wellness visit	
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$20 copay per visit	\$65 copay per visit	\$20 copay per visit	\$65 copay per visit	\$20 copay per visit	\$65 copay per visit

Additional Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. Some restrictions may apply.	40% coinsurance	\$0 copay Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. Some restrictions may apply.	40% coinsurance	\$0 copay Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. Some restrictions may apply.	40% coinsurance
	Diabetes Self-Management Training	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
	Therapeutic shoes or inserts ²	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance



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Additional Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies²	Durable medical equipment (e.g., wheelchairs, oxygen)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	\$0 copay	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs)	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	\$0 copay	40% coinsurance
Fitness Benefit	This includes fitness classes and home fitness kits	Silver & Fit includes a fitness membership with access to a fitness center of your choosing, Fit at Home programming for at-home fitness, home fitness kits, and more.	Up to \$50 reimbursement annually	Silver & Fit includes a fitness membership with access to a fitness center of your choosing, Fit at Home programming for at-home fitness, home fitness kits, and more.	Up to \$50 reimbursement annually	Not available	Not available

Additional Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Foot Care (podiatry services) ²	Foot exams and treatment	\$40 copay per visit	\$65 copay per visit	\$40 copay per visit	\$65 copay per visit	\$40 copay per visit	\$65 copay per visit
	Routine foot care	\$40 copay per visit 6 visits per year	\$65 copay per visit 6 visits per year	\$40 copay per visit 6 visits per year	\$65 copay per visit 6 visits per year	\$40 copay per visit 6 visits per year	\$65 copay per visit 6 visits per year
Home Healthcare ²		\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
Hospice You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.		\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Identity Theft Insurance ³		Not available		Free identity monitoring for members with qualifying chronic conditions		Free identity monitoring for members with qualifying chronic conditions	
In-home Support Services		Not available		Not available		60 hours per year through Papa Health	



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Additional Benefits		CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Nurse Advice Line (24/7)		Speak with a registered nurse or behavioral health clinician 24 hours a day, 7 days a week at no cost		Speak with a registered nurse or behavioral health clinician 24 hours a day, 7 days a week at no cost		Speak with a registered nurse or behavioral health clinician 24 hours a day, 7 days a week at no cost	
Occupational Therapy Visit²		\$0-\$30 copay per visit	\$65 copay per visit	\$0-\$40 copay per visit	\$65 copay per visit	\$0 copay per visit	\$65 copay per visit
Opioid Treatment Program Services		\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over-the-Counter (OTC) Products³	Medicare-covered OTC items and food & produce	\$165 every 3 months The plan allows for the purchase of Medicare-approved OTC items only with their CCA Healthy Savings card at in-network retailers		\$285 every 3 months to purchase Medicare-approved OTC items at in-network retailers The plan also allows a member with qualifying chronic conditions to purchase healthy food with their CCA Healthy Savings card at in-network retailers		\$130 every 3 months to purchase Medicare-approved OTC items at in-network retailers The plan also allows a member with qualifying chronic conditions to purchase healthy food with their CCA Healthy Savings card at in-network retailers	
Post-discharge meals²		14 meals for 7 days per hospital or SNF discharge	Members can be reimbursed 50% up to \$6 per meal	14 meals for 7 days per hospital or SNF discharge	Members can be reimbursed 50% up to \$6 per meal	14 meals for 7 days per hospital or SNF discharge	Members can be reimbursed 50% up to \$6 per meal
Renal Dialysis		20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

Additional Benefits	CCA Medicare Preferred (PPO)		CCA Medicare Value (PPO)		CCA Medicare Premier (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Sneaker Allowance³	\$50 annual maximum on CCA Healthy Savings card for members with chronic conditions		\$100 annual maximum on CCA Healthy Savings card for members with chronic conditions		\$50 annual maximum on CCA Healthy Savings card for members with chronic conditions	
Telehealth (Virtual Care) Telehealth coverage includes Teladoc and virtual visits with healthcare providers. See Evidence of Coverage for details.	\$0-\$40 copay based on provider type	\$0-\$65 copay based on provider type	\$0-\$40 copay based on provider type	\$0-\$65 copay based on provider type	\$0 copay in-network only	\$0-\$65 copay based on provider type
Worldwide coverage	Covered for emergency department and urgent care; \$90 copay and \$100,000 limit per year		Covered for emergency department and urgent care; \$0 copay and \$100,000 limit per year		Covered for emergency department and urgent care; \$0 copay and \$100,000 limit per year	

² Prior Authorization may be required

³ Some extra benefits are special supplemental benefits, which not all members will qualify for. Contact the plan for more information.



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Your rights as a member of the plan

As a member of the plan, 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
 - 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
 - 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.
- 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
 - 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.** 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
 - 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 about our member rights and responsibilities policy.**
 - If you have any recommendations on our member rights and responsibilities policy, you can 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.)

For more information about your rights, you can read the **Evidence of Coverage, Chapter 8**. If you have questions, you can call Member Services.

How to file a complaint or appeal a denied service

If you have a complaint or think the plan 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 9 of the **Evidence of Coverage**. You can also 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.)

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 pharmacy is doing something wrong, please contact us.

- 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.)
- 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 are interested in enrolling in a Commonwealth Care Alliance Massachusetts health plan, call:

855-431-3431 (TTY 711)

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

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

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 about our plan, services, service area, billing, or member ID cards, please call Member Services:

866-610-2273 (TTY 711)

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

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

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

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 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).

Available 24 hours a day, 7 days a week. Free interpreter services are available.

Calls to this number are free.

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. Available 24 hours a day, 7 days a week.

Free interpreter services are available.