



CCA Medicare Value (PPO) offered by Commonwealth Care Alliance Massachusetts, LLC.

Annual Notice of Changes for 2024

You are currently enrolled as a member of CCA Medicare Value (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.ccama.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in CCA Medicare Value.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with CCA Medicare Value.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 866-610-2273 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, 7 days a week. This call is free.
- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CCA Medicare Value

- CCA Medicare Value (PPO) is a health plan with a Medicare contract. Enrollment in the plan 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 Value.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CCA Medicare Value in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$20	\$20
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$5,000</p> <p>From network and out-of-network providers combined: \$8,950</p>	<p>From network providers: \$5,000</p> <p>From network and out-of-network providers combined: \$8,950</p>
<p>Doctor office visits</p>	<p>Primary care visits: you pay a \$0 copayment per visit</p> <p><i>Out-of-network¹: You pay a \$0 copayment per visit</i></p> <p>Specialist visits: You pay a \$40 copayment per visit</p> <p><i>Out-of-network¹: You pay a \$65 copayment per visit</i></p>	<p>Primary care visits: You pay a \$0 copayment per visit</p> <p><i>Out-of-network¹: You pay a \$0 copayment per visit</i></p> <p>Specialist visits: You pay a \$35 copayment per visit</p> <p><i>Out-of-network¹: You pay a \$65 copayment per visit</i></p>
<p>Inpatient hospital stays</p>	<p>In-Network: You pay the following copayment per day, per admission:</p>	<p>In-Network: You pay the following copayment per day, per admission:</p>

Cost	2023 (this year)	2024 (next year)
	Days 1 – 5: \$275 Days 6 – beyond: \$0 <i>Out-of-Network¹: You pay 30% of the total cost per stay</i>	Days 1 – 7: \$275 Days 8 – beyond: \$0 <i>Out-of-Network¹: You pay 30% of the total cost per stay</i>
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$200, except for covered insulin products and most adult Part D vaccines Copayment or Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$47 <ul style="list-style-type: none"> ○ You pay \$35 per month supply of each covered insulin product on this tier • Drug Tier 4: \$100 <ul style="list-style-type: none"> ○ You pay \$35 per month supply of each covered insulin product on this tier • Drug Tier 5: 25% <ul style="list-style-type: none"> ○ You pay \$35 per month supply of each covered insulin product on this tier 	Deductible: \$200, except for covered insulin products and most adult Part D vaccines Copayment or Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$47 <ul style="list-style-type: none"> ○ You pay \$35 per month supply of each covered insulin product on this tier • Drug Tier 4: \$100 • Drug Tier 5: 30% Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing

Cost	2023 (this year)	2024 (next year)
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>	\$20	\$20 No change

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Cost	2023 (this year)	2024 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$5,000</p>	<p style="text-align: center;">\$5,000</p> <p>Once you have paid \$5,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year</p> <p style="text-align: center;">No change</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$8,950</p>	<p style="text-align: center;">\$8,950</p> <p>Once you have paid \$8,950 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year</p> <p style="text-align: center;">No change</p>

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.ccama.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Dental Services	<p>Comprehensive dental services (Non-Medicare):</p> <p>Prior authorization is required for the following services:</p> <ul style="list-style-type: none"> • Non-routine • Diagnostic Services • Restorative Services • Endodontics Services • Periodontics Services • Extractions Services • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services 	<p>Comprehensive dental services (Non-Medicare):</p> <p>Prior authorization is required for the following services:</p> <ul style="list-style-type: none"> • Non-routine • Endodontics Services • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Fitness	<p><i>Out-of-network: Members can get reimbursed up to \$50 to go to an out-of-network provider.</i></p>	<p><i>Out-of-network: You must use Silver and Fit.</i></p>
Hearing Services	<p>Over-the-Counter (OTC) hearing aids are not covered under the hearing aid benefit.</p> <p>See Evidence of Coverage for full details</p>	<p>Over-the-Counter (OTC) hearing aids are included as part of the routine hearing benefit up to the allowed hearing aid maximum benefit amount through NationsHearing</p> <p>See Evidence of Coverage for full details</p>

Cost	2023 (this year)	2024 (next year)
Inpatient hospital Behavioral Health	<p>In-Network: You pay the following copayment per day, per admission: Days 1 – 5: \$275 Days 6 – beyond: \$0</p> <p><i>Out-of-Network¹: You pay 30% of the total cost per stay</i></p>	<p>In-Network: You pay the following copayment per day, per admission: Days 1 – 7: \$275 Days 8 – beyond: \$0</p> <p><i>Out-of-Network¹: You pay 30% of the total cost per stay</i></p>
Other healthcare professional services	<p>In-Network: You pay a \$40 copayment per visit</p> <p><i>Out-of-Network¹: You pay a \$65 copayment per visit</i></p>	<p>In-Network: You pay a \$30 copayment per visit</p> <p><i>Out-of-Network¹: You pay a \$65 copayment per visit</i></p>
Outpatient Blood Services	Prior Authorization is not required	Prior Authorization is required
Outpatient Diagnostic and Therapeutic Radiological Services	<p>You pay a \$15 copayment per visit for x-ray services</p> <p><i>Out-of-Network¹: You pay a \$20 copayment</i></p>	<p>You pay a \$0 copayment per visit for x-ray services</p> <p><i>Out-of-Network¹: You pay a \$20 copayment</i></p>
Outpatient Hospital Services	<p>You pay \$0 copayment for a diagnostic colonoscopy at an outpatient hospital</p> <p>You pay a \$370 copayment for Medicare-covered surgery or other services</p> <p><i>Out-of-Network¹: You pay 40% of the total cost</i></p>	<p>You pay \$0 copayment for a diagnostic colonoscopy at an outpatient hospital</p> <p>You pay a \$300 copayment for Medicare-covered surgery or other services</p> <p><i>Out-of-Network¹: You pay 40% of the total cost</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Over the Counter (OTC) Items</p>	<p>You pay a \$0 copayment for covered items up to \$285 per quarter (every three (3) months)</p> <ul style="list-style-type: none"> Qualifying members can use the Over-the-counter quarterly allowance of \$285 towards the purchase of healthy foods similar to the Supplemental Nutrition Assistance Program (SNAP) benefit. Not all members qualify.² <p><i>Out-of-network: Members can get reimbursed up to the quarterly allowance.</i></p>	<p>You pay a \$0 copayment for CCA covered items up to \$335 per quarter (every three (3) months)</p> <ul style="list-style-type: none"> Qualifying members can use the Over-the-counter quarterly allowance of \$335 towards the purchase of CCA approved foods. Not all members qualify.² <p><i>Out-of-network: You must use the Healthy Savings card.</i></p>
<p>Physical Therapy (PT) and Speech Therapy (ST)</p>	<p>You pay a \$0 copayment per visit at home You pay a \$40 copayment per visit in an office or facility</p> <p><i>Out-of-Network¹: You pay a \$65 copayment</i></p>	<p>You pay a \$0 copayment per visit at home You pay a \$35 copayment per visit in an office or facility</p> <p><i>Out-of-Network¹: You pay a \$65 copayment</i></p>
<p>Podiatry</p>	<p>You pay a \$40 copayment per visit</p> <p><i>Out-of-Network¹: You pay a \$65 copayment</i></p>	<p>You pay a \$35 copayment per visit</p> <p><i>Out-of-Network¹: You pay a \$65 copayment</i></p>
<p>Pulmonary Rehabilitation</p>	<p>You pay a \$20 copayment per visit</p> <p><i>Out-of-Network¹: You pay 40% of the total cost</i></p>	<p>You pay a \$15 copayment per visit</p> <p><i>Out-of-Network¹: You pay 40% of the total cost</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Transportation Services</p>	<p>You pay a \$0 copayment for up to 24 one-way medical trips per plan year to plan approved health related locations</p> <p><i>See Evidence of Coverage for full details</i></p>	<p>You pay a \$0 copayment for up to 24 one-way medical trips per plan year to plan approved health related locations with a maximum of 50 miles</p> <p><i>See Evidence of Coverage for full details</i></p>

Cost	2023 (this year)	2024 (next year)
Vision Services	<p>Eye exams:</p> <p>Out-of-network</p> <p>50% coinsurance applies to one routine eye exam per calendar year</p> <p>Eyewear:</p> <p>In-network</p> <p>\$300 allowance every year for one</p> <p>Frames or contact lenses, per plan year</p> <p>One base lens (single, bifocal, trifocal)</p> <p>Out of network</p> <p>50% member coinsurance applies to covered lenses every calendar year.</p> <p>0% member coinsurance for frames or contact lenses (in lieu of lenses) up to the maximum frame allowance of \$300 every calendar year</p>	<p>Eye exams:</p> <p>Out-of-network</p> <p>50% coinsurance applies to one routine eye exam per calendar year up to the benefit maximum of \$150</p> <p>Eyewear:</p> <p>In-network</p> <p>\$350 allowance every year toward</p> <p>Frames, lenses, contact lenses, and upgrades.</p> <p>Out-of-network</p> <p>50% coinsurance applies to covered lenses every calendar year up to the benefit maximum of \$150</p> <p>0% member coinsurance for frames, contact lenses and fitting exam up to \$350 every calendar year</p>

¹Out-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

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tier 3, 4, and 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$200</p>	<p>The deductible is \$200</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 – Preferred Generic and Tier 2 – Generic and the full cost of drugs on Tier 3 – Preferred Brand, Tier 4 – Non-Preferred Brand, and Tier 5 – Specialty until you have reached the yearly deductible</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic – Tier 1:</p> <p>You pay \$0 per prescription</p> <p>Generic – Tier 2:</p> <p>You pay \$0 per prescription</p> <p>Preferred Brand – Tier 3:</p> <p>You pay \$47 per prescription</p> <p>Non-Preferred Brand – Tier 4:</p> <p>You pay \$100 per prescription</p> <p>Specialty – Tier 5:</p> <p>You pay 25% per prescription</p> <hr/>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic – Tier 1:</p> <p>You pay \$0 per prescription</p> <p>Generic – Tier 2:</p> <p>You pay \$0 per prescription</p> <p>Preferred Brand – Tier 3:</p> <p>You pay \$47 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier</p> <p>Non-Preferred Brand – Tier 4:</p> <p>You pay \$100 per prescription</p> <p>Specialty – Tier 5:</p> <p>You pay 30% per prescription</p> <hr/>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage)</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage)</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in CCA Medicare Value

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CCA Medicare Value.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Commonwealth Care Alliance Massachusetts, LLC. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CCA Medicare Value.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CCA Medicare Value.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Serving the Health Insurance Needs of Everyone (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-243-4636 (TTY 1-800-439-2379). You can learn more about SHINE by visiting their website (www.shinema.org).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-228-2714.

SECTION 6 Questions?

Section 6.1 – Getting Help from CCA Medicare Value

Questions? We’re here to help. Please call Member Services at 866-610-2273. (TTY only, call 711.) We are available for phone calls 8 am to 8 pm, 7 days a week. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for CCA Medicare Value. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.ccama.org. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.ccama.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

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.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-610-2273 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-610-2273 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-610-2273 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-610-2273 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-610-2273 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-610-2273 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-610-2273 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-610-2273 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-610-2273 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-610-2273 (телетайп 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-610-2273 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-610-2273 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-610-2273 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-610-2273 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-610-2273 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-610-2273 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-610-2273 (TTY 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-610-2273 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian: ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະ ພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໃຫ້ຫາພວກເຮົາທີ່ເບີ 1-866-610-2273 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាច មានអំពីគម្រោងសុខភាព ឬផ្តារបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។