



CCA Senior Care Options (HMO D-SNP) offered by Commonwealth Care Alliance, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of CCA Senior Care Options. Next year, there will be changes to the plan's benefits. ***Please see page 5 for a Summary of Important Changes.***

This document tells about the changes to your plan. To get more information about changes, 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*.

What to do now

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

- Check the changes to our benefits to see if they affect you.
 - Review the changes to Medical care (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered services and supplies.**
- 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 provider, 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. **Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered services and supplies.**

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 Senior Care Options.
- 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 Senior Care Options.
- Look in section 3, page 15 to learn more about your choices.
- 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

- This document is available for free in other languages.

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. Call 866-610-2273 (**TTY 711**), 8 am to 8 pm, 7 days a week. This call is free.
- **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 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.
- **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/estater recovery.

- 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.

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Summary of Important Changes for 2024

The table below compares the 2023 costs and 2024 costs for CCA Senior Care Options in several important areas.

Please note this is only a summary of costs.

Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered services. You pay nothing for medical services covered by CCA Senior Care Options.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* *Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	\$0	\$0
<p>Part D prescription drug coverage</p> <p>See Section 1.5 for details.</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 per prescription up to 90-days at a retail or mail order pharmacy</p> <p>Drug Tier 2: \$0 per prescription up to 90-days at a retail or mail order pharmacy</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 per prescription up to 100-days at a retail or mail order pharmacy</p> <p>Drug Tier 2: \$0 per prescription up to 100-days at a retail or mail order pharmacy</p>

Cost	2023 (this year)	2024 (next year)
	<p>Drug Tier 3: \$0 per prescription up to 90-days at a retail or mail order pharmacy</p> <p>Drug Tier 4: \$0 per prescription up to 90-days at a retail or mail order pharmacy</p> <p>Drug Tier 5: \$0 per prescription up to 90-days at a retail or mail order pharmacy</p> <p>Catastrophic Coverage: \$0 per prescription up</p>	<p>Drug Tier 3: \$0 per prescription up to 100-days at a retail or mail order pharmacy</p> <p>Drug Tier 4: \$0 per prescription up to 100-days at a retail or mail order pharmacy</p> <p>Drug Tier 5: \$0 per prescription up to 100-days at a retail or mail order pharmacy</p> <p>Catastrophic Coverage: \$0 per prescription up to</p>

Cost	2023 (this year)	2024 (next year)
	to 90-days at a retail or mail order pharmacy	100-days at a retail or mail order pharmacy
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(See Section 1.2 for details.)</p>	<p>\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services</p>	<p>\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services</p>

SECTION 1 Changes to Benefits for Next Year**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).)	\$0	\$0 No change

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

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

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Since you do not pay a plan premium or costs for prescription drugs, these amounts do not count toward your maximum out-of-pocket amount.</p>	<p>\$0</p>	<p style="text-align: center;">\$0</p> <p>Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered services. You pay nothing for medical services covered by CCA Senior Care Options.</p> <p style="text-align: center;">No change</p>

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 and Pharmacy 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 *Provider and 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 a 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 for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and MassHealth (Medicaid) benefits.

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

	2023 (this year)	2024 (next year)
Fitness	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.	The plan covers a Silver & Fit fitness membership with access to a single in-network fitness center per month of your choosing, Fit at Home programming for at-home fitness, one (1) home fitness kit per years and more See Evidence of Coverage for full details.
Healthy Savings Card	You receive a card with an allowance of \$285 every calendar	You will receive a Healthy Savings card with \$475 loaded

	2023 (this year)	2024 (next year)
	<p>quarter (every three months) to purchase healthy foods (should you have a chronic condition) and/or Medicare-approved over-the-counter items such as first aid supplies, dental care, cold symptom supplies, and others, without a prescription at in-network retailers</p>	<p>quarterly (every three months) that can be used to purchase CCA covered over the counter (OTC) items without a prescription at in-network retailers. Use your card to purchase OTC items including: first aid supplies, COVID-19 tests, body wash, dental care, cold and flu remedies, and foods at in-network retailers.¹</p> <p>You can also use your quarterly allowance to purchase food and make verified utility payments, such as gas, water, electricity, and cable with your card. The utility company must be a</p>

	2023 (this year)	2024 (next year)
		<p>registered utility merchant and accept Visa as a form of payment.¹</p> <p>See Evidence of Coverage for full details.</p> <p>The food and utility payment benefits are part of a special supplemental program for the chronically ill. Not all members qualify. Certain restrictions may apply. Only at participating locations.¹</p>
Eyewear	The plan pays up to \$300 per calendar year toward frames or contact lenses for prescription eyewear	The plan pays up to \$350 per calendar year toward frames, lenses and contact lenses for prescription eyewear

	2023 (this year)	2024 (next year)
Transportation (medical)	The plan covers transportation you need for medical reasons other than emergencies to approved destinations in the plan's service area	The plan covers transportation you need for medical reasons other than emergencies to approved destinations and confirmed appointments in the plan's service area up to 50 miles each way. Trips must be booked in advance by Coordinated Transportation Services (CTS) See Evidence of Coverage for full details
Transportation (non-medical)	Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping Certain locations are prohibited such as	Eight (8) one-way trips per month are provided for non-medical purposes, such as grocery shopping and foodbanks to CCA approved destinations, up to 50 miles each way. Rides must be

	2023 (this year)	2024 (next year)
	casinos. Mile limitation applicable	<p>booked 72 hours in advance by Coordinated Transportation Services (CTS)</p> <p>Certain locations are prohibited such as casinos</p> <p>See Evidence of Coverage for full details.</p>
Emergency Services	Emergency Service cost sharing is waived if admitted to inpatient hospital within three (3) days	<p>Emergency Service cost sharing is waived if admitted to inpatient hospital within 24 hours</p> <p>Because you get assistance from MassHealth (Medicaid), you do not have “cost sharing” costs for covered services. You pay nothing for Emergency</p>

	2023 (this year)	2024 (next year)
		Services covered by CCA Senior Care Options
Urgently Needed Services	Urgently Needed cost sharing is waived if admitted to inpatient hospital within three (3) days	Urgently Needed cost sharing is waived if admitted to inpatient hospital within one (1) day Because you get assistance from MassHealth (Medicaid), you do not have “cost sharing” costs for covered services. You pay nothing for Urgently Needed Services covered by CCA Senior Care Options

¹ The food benefit mentioned are part of a special supplemental program for people with qualifying chronic conditions. Not all members qualify. Certain restrictions may apply. Call Member Services at 866-610-2273 (TTY 711) to see if you qualify. Not all members qualify.

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 5 of your Evidence of Coverage and talk to your healthcare provider 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

Because you are eligible for MassHealth Standard (Medicaid), you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. We have included 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 didn’t receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes for 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.)

Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered prescription drugs. You pay nothing for prescription drugs covered by CCA Senior Care Options.

Changes to Your Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p>	<p>Because we have no deductible, this payment stage does not apply to you</p>	<p>Because we have no deductible, this payment stage does not apply to you</p> <p>No change</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>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1:</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1:</p>

Stage	2023 (this year)	2024 (next year)
Most adult Part D vaccines are covered at no cost to you.	<p>You pay \$0 per prescription</p> <p>Tier 2: You pay \$0 per prescription</p> <p>Tier 3: You pay \$0 per prescription</p> <p>Tier 4: You pay \$0 per prescription</p> <p>Tier 5: You pay \$0 per prescription</p>	<p>You pay \$0 per prescription</p> <p>Tier 2: You pay \$0 per prescription</p> <p>Tier 3: You pay \$0 per prescription</p> <p>Tier 4: You pay \$0 per prescription</p> <p>Tier 5: You pay \$0 per prescription</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.

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 Senior Care Options

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 stay enrolled in our CCA Senior Care Options plan.

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 at any time,
- -- 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.

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).

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 Senior Care Options.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CCA Senior Care Options.
- 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may

enroll you in a drug plan unless you have opted out of automatic enrollment.

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. For example, people with MassHealth (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 may be allowed to make a change at other times of the year.

Because you have MassHealth (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

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 and MassHealth (Medicaid)

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

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-AGE-INFO (1-800-243-4636). You can learn more about SHINE by visiting their website (www.shinema.org).

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid), 1-800-841-2900 (TTY: 1-800-497-4648), Monday to Friday, 8 am to 8 pm. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

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.** Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” 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

- MassHealth (Medicaid) office at 1-800-841-2900. TTY users should call 1-800-497-4648.

SECTION 6 Questions?

Section 6.1 – Getting Help from CCA Senior Care Options

Questions? We're here to help. Please call Member Services at 866-610-2273 (TTY only, 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 changes)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and changes for 2024. For details, look in the *2024 Evidence of Coverage* for CCA Senior Care Options. 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 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 and Pharmacy 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

You can visit the Medicare website at 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

You can read *Medicare & You 2024* handbook. Every fall, this booklet 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 booklet, 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.

Section 6.3 – Getting Help from MassHealth (Medicaid)

To get information from Medicaid you can call MassHealth at 1-800-841-2900. TTY users should call 711. Self-service available 24 hours a day in English and Spanish. Other services available Monday-Friday 8 a.m.–5 p.m. Interpreter service available.

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 panggagamot. 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 답해 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:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໃຫ້ຫາພວກເຮົາທີ່ເບີ 1-866-610-2273

