

commonwealth
care alliance®

Commonwealth Care Alliance®, Inc.

CCA Senior Care Options (HMO D-SNP)

This is a summary of drug and health services covered by Commonwealth Care Alliance from January 1, 2024 - December 31, 2024.

30 Winter Street
Boston, MA 02108

MASCOE24EB

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by CCA Senior Care Options. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CCA Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by CCA Senior Care Options for 2024. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. To get the Evidence of Coverage, call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. You can also find it online at ccama.org/sco.

- ❖ CCA Senior Care Options is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both program to enrollees. Enrollment in the plan depends on contract renewal.
- ❖ 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.
- ❖ My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman's services are free.

You can call, email, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
 - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
 - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.
 - Email info@myombudsman.org or contact My Ombudsman through its website at www.myombudsman.org.
 - Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Evidence of Coverage*.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (**TTY 711**), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org/sco.

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- ❖ ATTENTION: If you speak Spanish or another language, language assistance services, free of charge, are available to you. Call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The 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 Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.**
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Senior Care Options Plan?	A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. It is for people ages 65 and older with Medicare and MassHealth Standard (Medicaid) coverage, and no other comprehensive health insurance. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports (LTSS), and other providers. It also has care partners to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and MassHealth Standard (Medicaid) benefits in CCA's Senior Care Options that I get now?	<p>You will get most of your covered Medicare and MassHealth (Medicaid) benefits directly from CCA Senior Care Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in CCA Senior Care Options, you and your Care Team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that CCA Senior Care Options does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for CCA Senior Care Options to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of the page.</p> <p>.</p>



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Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	<p>This is often the case. If your providers (including doctors, therapist, pharmacies, and other health care providers) work with CCA Senior Care Options and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in CCA Senior Care Options’ network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CCA Senior Care Options’ plan. <p>To find out if your doctors are in the plan’s network, call Member Services at the number listed at the bottom of the page or read CCA Senior Care Options’ <i>Provider and Pharmacy Directory</i> on the plan’s website at ccama.org.</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>
What is a CCA Senior Care Options care partner?	<p>A CCA Senior Care Options care partner is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>
What are long-term services and supports (LTSS)?	<p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.</p>



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Frequently Asked Questions (FAQ)	Answers
What happens if I need a service but no one in CCA Senior Care Options' network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CCA Senior Care Options will pay for the cost of an out-of-network provider.</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>
Where is CCA Senior Care Options available?	<p>The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester Counties, Massachusetts. You must live in one of these areas to join the plan.</p>
What is prior authorization (PA)?	<p>Prior authorization means an approval from CCA Senior Care Options to seek services outside of our network or to get services not routinely covered by our network before you get the services. CCA Senior Care Options may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. CCA Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from CCA Senior Care Options before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the phone number listed at the bottom of this page for help.</p>



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Frequently Asked Questions (FAQ)	Answers
Do I pay a monthly amount (also called a premium) under CCA Senior Care Options?	No. Because you have MassHealth (Medicaid) you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of CCA Senior Care Options?	No. You do not pay deductibles in CCA Senior Care Options.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of CCA Senior Care options?	There is no cost sharing for medical services in Senior Care Options, so your annual out-of-pocket costs will be \$0.
Do I have a coverage gap for drugs?	No. Because you have MassHealth (Medicaid) you will not have a coverage gap stage for your drugs.
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, member cards, questions about your health, or immediate behavioral health services, please call CCA Senior Care Options Member Services:</p> <p>CALL 866-610-2273</p> <p>Calls to this number are free. 8 am to 8 pm, 7 days a week.</p> <p>Member Services also has free language interpreter services available.</p> <p>TTY 771</p> <p>Calls to this number are free. 8 am to 8 pm, 7 days a week.</p>

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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Prior authorization is required except for inpatient substance use and emergency admissions.
	Outpatient hospital services	\$0	Prior authorization is required except for observation services.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization is required.
	Doctor or surgeon care	\$0	Prior authorization is required.
You want a doctor (This section is continued on the next page)	Visits to treat an injury or illness	\$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization is not required for services provided by a network provider.
	Wellness visits, such as a physical	\$0	Prior authorization is not required for services provided by a network provider
	“Welcome to Medicare” (preventive visit one time only)	\$0	Prior authorization is not required for services provided by a network provider.
You want a doctor (continued)	Specialist care	\$0	Prior authorization is not required for services provided by a network provider.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories. Prior authorization is not required.</p> <p>For coverage outside the United States and its territories see Worldwide Coverage.</p>
	Urgent care	\$0	<p>If you require urgently needed care, you should first try to get it from a network provider or call our 24/7 Nurse Advice Line. However, you can use out-of-network providers when you cannot get to a network provider.</p> <p>Prior authorization is not required. Urgent care is not covered outside of the United States and its territories.</p>
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	<p>Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests (i.e., genetic testing) may require a prior authorization. For more information, please call Member Services.</p> <p>In the event clinical input is necessary to determine whether a course of treatment is appropriate, CCA Senior Care Options reserves the right to have an expert review the proposed treatment plan or request.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (This section is continued on the next page)	Lab tests and diagnostic procedures, such as blood work	\$0	<p>Prior authorization is not required except for genetic testing. For more information, please call Member Services.</p> <p>In the event clinical input is necessary to determine whether a course of treatment is appropriate, CCA Senior Care Options reserves the right to have an expert review the proposed treatment plan or request.</p>
	Hearing screenings	\$0	<p>Prior authorization is not required for services provided by a network provider.</p> <p>The plan covers one routine hearing exam per calendar year.</p> <p>Non-routine hearing: Under the Medicare benefit, the plan covers diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment. These services are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p> <p>For questions about your non-routine hearing benefits, please call Member Services.</p> <p>For questions about your routine hearing benefits, please call NationsHearing.</p> <p>For a detailed list, please call Member Services or read the CCA Senior Care Options Evidence of Coverage.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)	Hearing aids	\$0	<p>The plan covers the following routine hearing aids 1 per ear per calendar year up to \$500 per calendar year.</p> <p>Prior authorization is required for hearing aids costing more than \$500 per aid, per ear, per year.</p> <p>Members must use a NationsHearing provider to be covered for this benefit.</p> <p>For a detailed list, please call NationsHearing or read the CCA Senior Care Options Evidence of Coverage.</p>
You need dental care (This section is continued on the next page)	Dental check-ups and preventive care	\$0	<p>Prior authorization is not required for most services provided by a network provider.</p> <p>Preventive cleanings, fluoride treatment, and periodic oral evaluation are covered twice per calendar year.</p> <p>Other limitations may apply.</p> <p>For more information, please call Member Services.</p>



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<p>You need dental care (continued)</p>	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>Prior authorization is not required for diagnostic examinations, x-rays, restorative filings, dentures, and emergency care.</p> <p>Periodontics</p> <p>Deep Cleanings are covered one (1) every twenty-four (24) months and maintenance visits are covered once (1) every three (3) months per calendar year, without prior authorization.</p> <p>Gum surgery may be covered if medically necessary with an approved prior authorization.</p> <p>Prosthodontics:</p> <p>Replacement dentures including complete and partial, are limited to coverage once every five years without prior authorization. Immediate dentures are covered one (1) per lifetime.</p> <p>Crowns and bridges are covered once every five years. Prior authorization is not required for crowns.</p> <p>Relines, adjustments and repairs of dentures are covered after 6 months of placement without prior authorization. Additional limitations may apply.</p> <p>Implants are covered up to a maximum of four (4) per year, 1 tooth/site per lifetime. You must have healthy bone and periodontium and be free from presence of periodontal disease. An overdenture denture in conjunction with anterior implants is covered when there is minimal ridge to support a complete denture. Prior authorization is required.</p>
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			<p>Oral and Maxillofacial Surgery:</p> <p>Extractions (simple and surgical) are covered one per tooth per lifetime without prior authorization. Extractions for impacted teeth are covered if medically necessary, prior authorization is required.</p> <p>Biopsy, soft tissue surgery and bone grafting are covered if medically necessary. Prior authorization is required.</p> <p>Other rules and limitations may apply. For more information, please call Member Services.</p> <p>In the event clinical input is necessary to determine whether a course of treatment is appropriate, CCA Senior Care Options reserves the right to have a dental expert review the treatment plan your dentist has proposed.</p> <p>For a detailed list, please call Member Services or read the CCA Senior Care Options Evidence of Coverage.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (This section is continued on the next page)</p>	Eye exams	\$0	<p>Prior authorization is not required for services provided by a VSP network provider.</p> <p>One routine eye exam per calendar year.</p> <p>Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age related macular degeneration.</p> <p>For questions about your non-routine vision benefits, please call Member Services.</p> <p>For questions about your routine vision benefits, please call VSP.</p> <p>For a detailed list, please call Member Services or read the CCA Senior Care Options Evidence of Coverage.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Glasses or contact lenses	\$0	<p>Prior authorization is not required for covered routine vision services provided by a VSP network provider.</p> <p>Frames, lenses, and visually necessary contact lenses (fitting and evaluation) are covered up to the plan maximum of \$350 per plan year and require Prior Authorization. Routine vision services are not subject to the maximum out-of-pocket.</p> <p>Frames, lenses, and contact lenses are limited to one pair or set, per calendar year up to the above listed plan maximum. The member may receive an additional benefit of eyeglasses replacement (frames and lenses) once per 24-month period. For more information, please call VSP or read the CCA Senior Care Options Evidence of Coverage.</p> <p>For questions about your non-routine vision benefits, call Member Services.</p> <p>For a detailed list, please call Member Services or read the CCA Senior Care Options Evidence of Coverage.</p>
	Other vision care	\$0	Prior authorization is not required for services provided by a network provider.
You have a behavioral health condition	Behavioral health services	\$0	Prior authorization may be required. For a detailed list, please call Member Services or read the CCA Senior Care Options Evidence of Coverage.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	<p>Prior authorization is required for inpatient care, except for inpatient substance use and emergency admissions.</p> <p>Prior authorization is not required for outpatient care except for neuropsychological testing, psychological testing, electroconvulsive therapy, and transcranial magnetic stimulation.</p> <p>For a detailed list of services that require a prior authorization, please call Member Services or read the CCA Senior Care Options Evidence of Coverage.</p>
You need substance use disorder services	Substance use disorder services	\$0	Prior authorization is not required for services provided by a network provider.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization is required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Nursing home care	\$0	Prior authorization is required. If MassHealth (Medicaid) determines you have a monthly Patient Paid Amount (PPA) for your custodial care, you are responsible for these payments.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required.
You need help getting to health services (This section is continued on the next page)	Ambulance services	\$0	Prior authorization is not required for in-network and out-of-network emergency ambulance services. Prior authorization is required for non-emergency ambulance services. Emergency ambulance services are not covered outside the United States and its territories.
	Emergency transportation	\$0	Prior authorization for in-network and out-of-network emergency transportation is not required. Emergency transportation is not covered outside the United States and its territories.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Transportation to medical appointments and services	\$0	<p>Prior authorization is not required. The plan covers transportation you need for medical reasons other than emergencies to CCA-approved destinations up to 50 miles each way.</p> <p>Trips must be booked at least 72 hours in advance, Monday through Friday, of the expected trip date.</p>
You need help getting to health services (continued)	Transportation to other services (non-medical)	\$0	<p>Eight (8) one-way trips per month are provided for non-medical purposes, such as grocery shopping to CCA-approved destinations, up to 50 miles each way. Certain locations are prohibited, such as casinos.</p> <p>Trips not used within the month are not rolled over for future use.</p> <p>Trips must be booked at least 72 hours in advance, Monday through Friday, of the expected trip date.</p>
You need drugs to treat your illness or condition (This section is continued on the next page)	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Generic drugs (no brand name)	<p>Tier 1:</p> <p>\$0 for a 31-day supply.</p> <p>Tier 2:</p> <p>\$0 for a 31-day supply.</p> <p>Tier 3: N/A</p> <p>Tier 4: \$0 for a 31-day supply.</p> <p>Tier 4: \$0 for a 31-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to CCA Senior Care Options' <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</p> <p>Some drugs have quantity limits.</p> <p>Your prescribing provider may need to get prior authorization from CCA Senior Care Options for certain drugs.</p> <p>Some drugs that you take on a regular basis, for a chronic or a long-term medical condition, are available through mail-order services or extended (100 days) (long-term) day supply at a network retail pharmacy. You pay \$0 for mail-order or extended day (100 days) supply.</p> <p>If you have been in a nursing facility for at least 90 days, you will not have any copays for prescription drugs.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Brand name drugs	Tier 1: N/A Tier 2: N/A Tier 3: \$0 for a 31-day supply. Tier 4: \$0 for a 31-day supply. Tier 5: \$0 for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to CCA Senior Care Options' <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your prescribing provider may need to get prior authorization from CCA Senior Care Options for certain drugs. Some drugs that you take on a regular basis, for a chronic or a long-term medical condition, are available through mail-order services or extended (100 days) (long-term) day supply at a network retail pharmacy. You pay \$0 for mail-order or extended day (100 days) supply.</p>
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to CCA Senior Care Options' <i>List of Covered Drugs</i> (Drug List) for more information.
You need foot care	Podiatry services	\$0	Prior authorization is required.
	Orthotic services	\$0	Prior authorization is required. For a detailed list, please call Member Services.



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You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization is required. For a detailed list, please call Member Services.
	Nebulizers	\$0	Prior authorization is required.
	Oxygen equipment and supplies	\$0	Prior authorization is required.
You need help living at home (This section is continued on the next page)	Home health services	\$0	Prior authorization is required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Prior authorization is required.
	Day habilitation services	\$0	Prior authorization is required.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. For more information, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Prior authorization is required.
Additional covered services (This section is continued on the next page)	Chiropractic services	\$0	Prior authorization is not required. The plan covers 36 visits per year.
	Diabetes supplies and services	\$0	CCA Senior Care Options provides select blood glucose monitors and test strips to our members with diabetes from a preferred vendor. Prior authorization is required. For more information, please call Member Services or read CCA Senior Care Options Evidence of Coverage.
	Prosthetic services	\$0	Prior authorization is required. For a detailed list, please call Member Services.
	Radiation therapy	\$0	Prior authorization is required.
	Services to help manage your disease	\$0	Prior authorization is not required for services provided by a network provider.
	Acupuncture	\$0	Prior authorization is not required. The plan covers 36 visits per calendar year.
Additional covered services (continued)			



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.
For more information, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Annual Wellness Visit Reward	\$0	<p>An annual wellness visit or an annual physical exam qualifies for one \$25 reward per year on your Healthy Savings card after you've completed the visit. Routine PCP visits, like a follow-up or sick visit, don't qualify for the reward. To earn this reward, you must have completed an annual wellness visit or an annual exam. Either annual visit type is longer than routine PCP visits. During an annual wellness visit or an annual exam, you and your doctor will review your overall health in detail.</p> <p>After you've completed your qualifying exam, and the provider bills us (the health plan), we will load your reward to your Healthy Savings card.</p>
	Palliative Care Program (Life Choices)	\$0	<p>Palliative care is care that aims to improve the quality of life for people living with a serious illness.</p> <p>Prior authorization is not required for services provided by the palliative care program or from a network provider.</p>



If you have questions, please call CCA Senior Care Options at 866-610-2273 (**TTY 711**), 8 am to 8 pm, 7 days a week. The call is free.
For more information, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Telehealth	\$0	<p>Please read the Evidence of Coverage, Chapter 4, Section 2, Benefit Chart for more information.</p> <p>Certain telehealth services, including urgently needed services, home health services, primary care provider services, occupational therapy services, individual sessions for behavioral health, specialty services, other healthcare professionals, individual sessions for psychiatric services, physical therapy, and speech language pathology services, individual sessions for outpatient substance use.</p>
	Fitness	\$0	<p>The plan covers a Silver&Fit® fitness membership with access to a single network fitness center per month of your choosing, Fit at Home programming for at-home fitness, one (1) home fitness kit per year and more. To find Silver&Fit fitness locations and online classes, please visit www.silverandfit.com.</p> <p>See Evidence of Coverage for full details.</p>



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.
For more information, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Healthy Savings Card		<p>You will receive a card with a Healthy Savings Card with \$475 allowance loaded per calendar quarterly (every three months) that can be used to purchase CCA covered over-the-counter (OTC) items without a prescription. Use your card to purchase OTC items including: first aid supplies, COVID-19 tests, body wash, dental care, cold and flu remedies at participating retailers.</p> <p>For members with chronic illnesses, you may use your quarterly allowance on the Healthy Savings card for the purchase of approved food* at in-network retailers as well as towards utility* payments such as gas, electric and internet/cable at registered utility merchants that accept Visa. Not all members qualify.</p> <p>See Evidence of Coverage for full details.</p> <p>*The food and utility benefits are part of a special supplemental program for the chronically ill. Not all members qualify. Certain restrictions may apply. Only at participating locations.</p> <p>See Evidence of Coverage for full details. For more information, please call Member Services.</p>

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



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

D. Benefits covered outside of CCA Senior Care Options

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

Other services covered by Medicare, MassHealth (Medicaid), or a Massachusetts State Agency	Your costs
Certain hospice care services covered outside of CCA Senior Care Options	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0



CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

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

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

Services CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover
Services that are not medically necessary according to the standards of Medicare and MassHealth (Medicaid) unless otherwise approved or entered in your Personal (Individualized) Care Plan.
Naturopath services (the use of natural or alternative treatments).
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.
Services provided outside of the service area.
E-cigarettes.

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

As a member of CCA Senior Care Options, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care 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 behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion



If you have questions, please call CCA Senior Care Options at 866-610-2273 (**TTY 711**), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care 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
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. CCA Senior Care Options will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **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 health care 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 health care providers and your health plan



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.
For more information, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

- **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
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a State Hearing
 - 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

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call CCA Senior Care Options Member Services at the number listed at the bottom of the page.

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

You may be responsible for payment of services not covered by CCA Senior Care Options. A full list of the covered services is available in the *Evidence of Coverage*.

For more information about your rights, you can read the CCA Senior Care Options *Evidence of Coverage*. If you have questions, you can also call CCA Senior Care Options Member Services.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (**TTY 711**), 8 am to 8 pm, 7 days a week. The call is free.
For more information, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

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

If you have a complaint or think CCA Senior Care Options should cover something we denied, call CCA Senior Care Options the number listed at the bottom of this page. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of the CCA Senior Care Options *Evidence of Coverage*. You can also call CCA Senior Care Options Member Services at the number listed at the bottom of the page.

If you have a problem, concern or questions related to your benefits or care, please call CCA Senior Care Options Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.

- Visit My Ombudsman online at www.myombudsman.org

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at CCA Senior Care Options Member Services. Phone numbers are listed at the bottom of the page.
- Or, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900. **TTY users may call 1-800-497-4648.**
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). **TTY users may call 1-877-486-2048.** You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call Attorney General's Medicaid Fraud Division, Medical Fraud Tip Line at 617-963-2360



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.
For more information, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call CCA Senior Choice Member Services:

866-610-2273: 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org/sco.

Calls to this number are free.

Member Services also has free language interpreter services available.

TTY 711: 8 am to 8 pm, 7 days a week. Calls to this number are free.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (**TTY 711**), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org/sco.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

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 behavioral 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 behavioral 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.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

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.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

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.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

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.

CCA Senior Care Options (HMO D-SNP): Summary of Benefits 2024

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 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬផ្ទាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។