



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

### **Annual Notice of Changes for 2025**

You are currently enrolled as a member of CCA Senior Care Options (HMO D-SNP). Next year, there will be changes to the plan's benefits. ***Please see page 8 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](http://www.ccama.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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#### **What to do now**

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

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- ☐ 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 coverage restrictions.
  - 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 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- ☐ Check to see if your primary care provider, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- ☐ 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

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Medicare Plan Finder at the [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- ❑ 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, 2024, you will stay in CCA Senior Care Options (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with CCA Senior Care Options (HMO D-SNP).
- Look in Section 3.2, page 38 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

# CCA Senior Care Options (HMO D-SNP) Annual Notice of Changes for 2025

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## 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 of operation: 8 am to 8 pm, 7 days a week. This call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711).
- 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). Hours of operation: 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## About CCA Senior Care Options (HMO D-SNP)

- CCA Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid (MassHealth) program to

## CCA Senior Care Options (HMO D-SNP) Annual Notice of Changes for 2025

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provide benefits of both programs to enrollees. Enrollment depends on contract renewal.

- **Estate Recovery Awareness:** MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) 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 (Medicaid) estate recovery, please visit [www.mass.gov/estatercovery](http://www.mass.gov/estatercovery).
- 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 (HMO D-SNP).

***Annual Notice of Changes for 2025***  
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## Summary of Important Changes for 2025

The table below compares the 2024 costs and 2025 costs for CCA Senior Care Options (HMO D-SNP) 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	2024 (this year)	2025 (next year)
<b>Monthly plan premium*</b>	\$0	\$0
* Your premium may be higher than this amount. See Section 1.1 for details.		
<b>Doctor office visits</b>	Primary care visits: \$0 copayment per visit  Specialist visits: \$0 copayment per visit	Primary care visits: \$0 copayment per visit  Specialist visits: \$0 copayment per visit
<b>Inpatient hospital stays</b>	\$0 copayment for	\$0 copayment for



Cost	2024 (this year)	2025 (next year)
	each Medi-care-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days.	each Medi-care-covered hospital stay. \$0 copayment for an additional 60 lifetime reserve days.
<b>Part D prescription drug coverage</b>  (See Section 1.5 for details.)	Deductible: \$0          Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>Drug Tier 1: \$0 per prescription up to 100 days at a retail or mail order phar-</li> </ul>	Deductible: \$0          Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>Drug Tier 1: \$0 per prescription up to 100 days at a retail or mail order phar-</li> </ul>

Cost	2024 (this year)	2025 (next year)
	<div>macy</div> <ul style="list-style-type: none"><li>• Drug Tier 2: \$0 per prescription up to 100 days at a retail or mail order pharmacy</li><li>• Drug Tier 3: \$0 per prescription up to 100 days at a retail or mail order pharmacy</li><li>• Drug Tier 4: \$0 per prescription up to 100 days at a retail or mail</li></ul>	<div>macy</div> <ul style="list-style-type: none"><li>• Drug Tier 2: \$0 per prescription up to 100 days at a retail or mail order pharmacy</li><li>• Drug Tier 3: \$0 per prescription up to 100 days at a retail or mail order pharmacy</li><li>• Drug Tier 4: \$0 per prescription up to 100 days at a retail or mail</li></ul>

Cost	2024 (this year)	2025 (next year)
	order phar- macy <ul style="list-style-type: none"> <li>Drug Tier 5: \$0 per prescription up to 31 days at a retail or mail order pharmacy</li> </ul> Catastrophic Coverage: <ul style="list-style-type: none"> <li>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>	order phar- macy <ul style="list-style-type: none"> <li>Drug Tier 5: \$0 per prescription up to 31 days at a retail or mail order pharmacy</li> </ul> Catastrophic Coverage: <ul style="list-style-type: none"> <li>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$0	\$0
<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>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>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	2024 (this year)	2025 (next year)
Monthly premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).)		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	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>  <b>Because our members also get assistance from MassHealth (Medicaid), very few members ever reach this out-of-pocket maximum.</b> 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	\$0	<div><div>\$0</div><div>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 (HMO D-SNP).</div><div>No Change</div></div>

Cost	2024 (this year)	2025 (next year)
for prescription drugs, these amounts do not count toward your maximum out-of-pocket amount.		

Section 1.3 – Changes to the Provider and Pharmacy Networks

Members pay \$0 for up to a 31-day supply. However, out-of-pocket costs apply for quantities greater than a 31-day supply at out-of-network pharmacies. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are located on our website at [www.ccama.org](http://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 2025 Provider and Pharmacy Directory at [www.ccama.org](http://www.ccama.org) 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 2025 *Provider and Pharmacy Directory* at [www.ccama.org](http://www.ccama.org) 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**

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.

Cost	2024 (this year)	2025 (next year)
<b>Benefits that are available for tele-health services</b>	Urgently needed services, home health services, primary care physician services, occupational	General Medical Urgent services to treat flu, allergies, sinus infection, rash, sore throat and more are avail-



Cost	2024 (this year)	2025 (next year)
	therapy services, individual sessions for mental health services, other health care professional services, individual sessions for psychiatric services, physical and speech therapy, individual sessions for and outpatient substance use.	able via Teladoc. Members can call Teladoc at 800-835-2362 for services.
<b>Health and wellness education programs Fitness Benefit</b>	The plan covers fitness benefits through Silver & Fit Fitness: Your Silver & Fit benefit includes a fitness membership with access to a single (1) in-network	The plan covers fitness benefits through Silver & Fit Fitness: Your Silver & Fit benefit includes a fitness membership with access to a single (1) in-network

Cost	2024 (this year)	2025 (next year)
	<p>fitness center of your choosing per month, Fit at Home programming for at-home fitness, one (1) home fitness kit per year, and more. To find Silver &amp; Fit fitness locations and additional information regarding at home fitness and ordering you fitness kit, visit <a href="https://www.silverandfit.com">https://www.silverandfit.com</a>. You can also call 1-877-427-4788 (TTY 711). Hours of operation: 5 am to 6 pm PST, Monday - Friday.</p>	<p>fitness center of your choosing per month, Fit at Home programming for at-home fitness, one (1) home fitness kit per year, and more. The Silver &amp; Fit benefit also includes Healthy Aging Coaching Program that provides remote sessions (phone, video, or online messaging) to guide members in lifestyle areas like: Being active, Healthy eating, Lifestyle choices, Aging well, Managing conditions. Weight management falls under lifestyle choices category.</p>

Cost	2024 (this year)	2025 (next year)
		<p>Members can contact Silver&amp;Fit customer service to get started and with the support of their health coach choose one or two areas where they'd like to improve. The initial session lasts up to 30 minutes and up to 15 minutes for subsequent sessions. Visit <a href="https://www.silverandfit.com">https://www.silverandfit.com</a> or you can also call Silver&amp;Fit at 1-877-427-4788 (TTY 711). Hours of operation: 5 am to 6 pm PST, Monday - Friday.</p>

Cost	2024 (this year)	2025 (next year)
<b>Healthy Savings card to purchase certain Medicare approved over the counter (OTC) items</b>	For a list of in-network retailers in your area, visit <a href="http://www.mybenefits-center.com">www.mybenefits-center.com</a> with your Healthy Savings card number or contact Member Services. For questions regarding your Healthy Savings Card <a href="http://www.mybenefitscenter.com">www.mybenefitscenter.com</a> or contact Member Services. Card can only be used for Qualified Purchases indicated by your plan provider everywhere Visa debit cards are accepted. Card is issued	For a list of in-network retailers in your area, visit <a href="http://CCA.NationsBenefits.com">CCA.NationsBenefits.com</a> . with your Healthy Savings card number or contact CCA Member Services. This card cannot be used to pay for prescription drugs or products that are not eligible. Product exclusions include alcohol, firearms, tobacco, and gift cards. If you would like to buy items that are not eligible, you will need to use another form of payment. The

Cost	2024 (this year)	2025 (next year)
	by Sutton Bank, pursuant to a license from Visa U.S.A. Inc. Please contact your Program Sponsor directly for a full list of Qualified Purchases. Visa is a registered trademark of Visa, U.S.A. Inc. All other trademarks and service marks belong to their respective owners. No Cash or ATM Access. Terms and conditions apply, contact your Plan Provider for details. Benefit provided through InComm.	Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You will receive this card as

Cost	2024 (this year)	2025 (next year)
		a gratuity without the payment of any monetary value or consideration. Benefit provided through NationsBenefits. See <i>Evidence of Coverage</i> for full details.
Identity theft insurance	Covered	<u>Not</u> covered
<b>Prior authorization</b>		
Chiropractic care	Prior authorization is not required	Prior authorization is required after 36 visits
Occupational therapy	Prior authorization is required	Prior authorization is required after 20 visits
Podiatry services	Prior authorization is required	Prior authorization is not required

Cost	2024 (this year)	2025 (next year)
Other health care professional services	Prior authorization is not required	Prior authorization may be required
Medicare-covered acupuncture	Prior authorization is not required	Prior authorization is required
Physical and speech therapy	Prior authorization is required	Prior authorization is required for physical therapy after 20 visits. Prior authorization is required for speech pathology after 35 visits
X-rays	Prior authorization is required	Prior authorization is not required
Outpatient behavioral health	Prior authorization required for neuro-psychological testing, psychological testing, electroconvulsive therapy, repetitive transcranial magnetic stimulation (rTMS), and	Prior authorization is not required, except for transcranial magnetic stimulation, and esketamine

Cost	2024 (this year)	2025 (next year)
	esketamine	
Outpatient blood services	Prior authorization is required	Prior authorization is not required
Outpatient diagnostic tests and therapeutic services and supplies	Prior authorization is required	Prior authorization is required for a few outpatient diagnostic tests and therapeutic services and supplies
Outpatient hospital services	Prior authorization is required	Prior authorization is required for some surgical procedures
Cardiac and pulmonary rehabilitation	Prior authorization is required	Prior authorization is not required
Supervised exercise therapy	Prior authorization is required	Prior authorization is not required
Medicare Part B Insulin	Prior authorization is not required	Prior authorization is required



Cost	2024 (this year)	2025 (next year)
<b>Special Supplemental Benefits for the Chronically III (SSBCI)</b>	<p>Members who meet certain qualifying chronic conditions receive \$475 quarterly on a Healthy Savings Card to spend on the purchase of health and nutritious food products and utilities.</p> <p>Chronic conditions include: chronic alcohol and other drug dependence, autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage liver disease, end-stage</p>	<p>In order to qualify for SSBCI benefits which include the ability to use your quarterly over-the-counter (OTC) funds (\$475) toward the purchase of plan approved food and utilities you must meet all three of the following criteria:</p> <ol style="list-style-type: none"> <li>1. Have an active qualifying chronic condition</li> <li>2. Be at risk of hospitalization</li> <li>3. Require intensive care</li> </ol>

Cost	2024 (this year)	2025 (next year)
	renal disease (ESRD), severe hematologic disorders, chronic and disabling mental health conditions, neurologic disorders, and stroke.	coordination  Chronic conditions include: cardiovascular disorders, diabetes, chronic heart failure, and chronic lung disorders. Chronic diseases are conditions that require ongoing medical attention or limit activities of daily living. The condition must be diagnosed by a licensed medical professional, including your primary care provider, nurse practitioner and similar providers. See <i>Evidence of</i>

Cost	2024 (this year)	2025 (next year)
		<i>Coverage</i> for full details.
<b>Therapeutic massage</b>	<u>Not</u> covered	Members are eligible for massage therapy based on medical necessity. Up to 12 visits covered per year. Prior authorization is required for therapeutic massage therapy.
<b>Transportation (non-medical)</b>	Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping. Certain locations are prohibited, such as casinos. Mile limitation	Ten (10) one-way trips per month are provided for non-medical purposes, such as grocery shopping. Certain locations are prohibited, such as casinos. Mile limitation

Cost	2024 (this year)	2025 (next year)
	applicable.	applicable. See <i>Evidence of Coverage</i> for full details.
Vision care - Additional routine eyewear - Upgrades	<u>Not</u> covered	Covered Up to a \$350 per calendar year

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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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 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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product

at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 11 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

### **Changes to Prescription Drug Benefits and Costs**

Because you are eligible for MassHealth (Medicaid) you qualify for and are getting "Extra Help" from Medicare to pay for your prescription drug plan costs.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for

covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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 (HMO D-SNP).

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you	Because we have no deductible, this payment stage does not apply to you  No change

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1: Preferred Generic:</b> You pay \$0 per prescription</p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1: Preferred Generic:</b> You pay \$0 per prescription</p>



Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>		
	<b>Tier 2: Generic:</b> You pay \$0 per prescription	<b>Tier 2: Generic:</b> You pay \$0 per prescription
	<b>Tier 3: Preferred Brand:</b> You pay \$0 per prescription	<b>Tier 3: Preferred Brand:</b> You pay \$0 per prescription
	<b>Tier 4: Non-Preferred Brand:</b> You pay \$0 per prescription	<b>Tier 4: Non-Preferred Drug:</b> You pay \$0 per prescription

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>		
	<b>Tier 5: Specialty:</b> You pay \$0 per prescription	<b>Tier 5: Specialty:</b> You pay \$0 per prescription

**Changes to the Catastrophic Coverage Stage**

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**If you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about the Catastrophic Coverage Stage,

look at Chapter 5 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

On January 1, 2025, a new pharmacy benefit manager will start managing pharmacy benefits for Commonwealth Care Alliance, Inc. The change will not affect most members. If you are going to be affected by the change, we'll let you know by mail and guide you through any action you need to take. If you have any questions or need support, please call CCA Member Services at 866-610-2273 for additional information (TTY users should call 711) and follow the prompts for pharmacy benefits. Hours of operation: 8 am to 8 pm, 7 days a week. This call is free.

Description	2024 (this year)	2025 (next year)
Pharmacy Benefit Manager	Navitus administers your pharmacy benefit	CVS administers your pharmacy benefit
Healthy Savings card to purchase certain Medicare	For a list of in-network retailers in your area, visit <a href="http://www.mybenefitscenter.com">www.mybenefitscenter.com</a> with your Healthy Savings card number or	For a list of in-network retailers in your area, visit <a href="http://CCA.NationsBenefits.com">CCA.NationsBenefits.com</a> . with your Healthy Savings card number or

Description	2024 (this year)	2025 (next year)
approved over the counter (OTC) items	contact Member Services. For questions regarding your Healthy Savings Card <a href="http://www.mybenefitscenter.com">www.mybenefitscenter.com</a> or contact Member Services. Card can only be used for Qualified Purchases indicated by your plan provider everywhere Visa debit cards are accepted. Card is issued by Sutton Bank, pursuant to a license from Visa U.S.A. Inc. Please contact your Program Sponsor directly for a full list of Qualified Purchases. Visa is a registered trademark of Visa, U.S.A. Inc. All other trademarks and service marks belong to their respective owners. No	contact CCA Member Services. This card cannot be used to pay for prescription drugs or products that are not eligible. Product exclusions include alcohol, firearms, tobacco, and gift cards. If you would like to buy items that are not eligible, you will need to use another form of payment. The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted.

Description	2024 (this year)	2025 (next year)
	Cash or ATM Access. Terms and conditions apply, contact your Plan Provider for details.	Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You will receive this card as a gratuity without the payment of any monetary value or consideration. See Evidence of Coverage for full details.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in CCA Senior Care Options (HMO D-SNP)

**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 Senior

Care Options (HMO D-SNP).

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## **Section 3.2 – If you want to change plans**

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We hope to keep you as a member next year but if you want to change plans for 2025 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](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

### **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 (HMO D-SNP).
- 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 (HMO D-SNP).

- **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 4 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, 2025.

### **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.

Because you have MassHealth (Medicaid), you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment, or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your MassHealth (Medicaid) benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## **SECTION 5 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 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. Serving the Health Insurance Needs of Everyone (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 Serving the Health Insurance Needs of Everyone (SHINE) at 1-800-AGE-INFO (1-800-243-4636). You can learn more about Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) by visiting their website ([www.shinema.org](http://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 6 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, yearly deductibles and coinsurance. Because you qualify, you do not have a 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 7 Questions?**

### **Section 7.1 – Getting Help from CCA Senior Care Options (HMO D-SNP)**

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

#### **Read your *2025 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 2025. For details, look in the *2025 Evidence of Coverage* for CCA Senior Care Options (HMO D-SNP). 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](http://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](http://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)*.

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## **Section 7.2 – Getting Help from Medicare**

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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](http://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](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* 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.

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### **Section 7.3 – Getting Help from MassHealth (Medicaid)**

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To get information from Medicaid you can call MassHealth (Medicaid) 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, 11<sup>th</sup> Floor  
Boston, MA 02108  
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax:  
857-453-4517  
Email: [civilrightscordinator@commonwealthcare.org](mailto: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](https://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](http://www.hhs.gov/ocr/office/file/index.html).

Massachusetts 2025 ND



## 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 ouwa 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ございます。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, ພຽງໃຫ້ທ່ານພວກເຮົາທີ່ເບີ 1-866-610-2273 (TTY 711).

ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

**Cambodian:** យើងមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬផ្ទុំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។