

2023 SUMMARY OF BENEFITS

CCA Health Michigan

For Medicare Advantage plans with Part D prescription drug coverage
CCA Medicare Excel (HMO)
CCA Medicare Ultima (HMO)



This is a summary of drug and health services covered by CCA Health Michigan from January 1, 2023- December 31, 2023.

23900 Orchard Lake Road, Ste 210
Farmington Hills, MI 48336
H9861 – 001/002 H9861_23_049_M_R2



INTRODUCTION TO SUMMARY OF BENEFITS

H9861-001/002

CCA Health Michigan

January 1, 2023 – December 31, 2023

CCA Medicare Excel (HMO) and CCA Medicare Ultima are Medicare Advantage HMO plans with a Medicare contract. Enrollment in this plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 855-959-5855 (TTY 711) and request the “Evidence of Coverage” or access it at commonwealthcarealliance.org/mi/become-a-member/medicare-plans-overview/.

WHO CAN JOIN?

Your eligibility to enroll in this plan depends on your type of Medicaid. You must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Michigan: Genesee, Macomb, Monroe, Oakland, St. Clair, Lapeer, and Wayne counties.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

This Plan has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, CCA Health may not pay for these services.

For coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

MEMBER SERVICE INFORMATION

For more information, please call us at 855-959-5855 (TTY users should call 711).

Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m., Monday through Friday, from April 1 through September 30. Or visit us at commonwealthcarealliance.org/mi/become-a-member/medicare-plans-overview/.

- In the state of Michigan, Commonwealth Care Alliance Michigan, LLC does business as CCA Health Michigan (CCA Health).
- This information is not a complete description of benefits. Contact Member Services for more information.
- Benefits may change on January 1, 2024. The List of Covered Drugs (formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You can get this document for free in other formats, such as large print, braille, or audio. Call 855-959-5855 (TTY 711).

Premiums & Benefits	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Monthly Plan Premium (includes both medical and drugs)	\$0 Premium You must continue to pay your Medicare Part B premium.	\$40 Premium You must continue to pay your Medicare Part B premium.
Annual Medical Deductible	Medical Deductible: \$0	Medical Deductible: \$0
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than \$4,500 annually. Includes copays and other costs for medical services for the year	You pay no more than \$4,500 annually. Includes copays and other costs for medical services for the year
Inpatient Hospital Stays	You pay \$295/day for days 1-6 You pay \$0/day for days 7-90 Prior authorization may be required	You pay \$295/day for days 1-6 You pay \$0/day for days 7-90 Prior authorization may be required
Outpatient Hospital Cost sharing for additional plan covered services will apply. <ul style="list-style-type: none"> • Outpatient hospital, including surgery • Ambulatory Surgical Center (ASC) • Outpatient hospital observations services 	\$200 - Prior authorization may be required \$175 - Prior authorization may be required \$200 - Prior authorization may be required	\$200 - Prior authorization may be required \$175 - Prior authorization may be required \$200 - Prior authorization may be required
Doctor visits: <ul style="list-style-type: none"> • Primary care provider • Specialists 	\$0 \$30 - Prior authorization may be required	\$0 \$0 - Prior authorization may be required
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0 Other preventive services are available.	\$0 - Prior authorization may be required Other preventive services are available.
Emergency Care	You pay \$90 per visit If you are admitted to the hospital within 1 day, then you do not have to pay \$90	You pay \$90 per visit If you are admitted to the hospital within 1 day, then you do not have to pay \$90
Urgently Needed Services	You pay \$45 per visit	You pay \$35 per visit

Premiums & Benefits	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Diagnostic Services/ Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p style="text-align: center;">\$20</p> <p style="text-align: center;">\$0 \$0-\$100*</p> <p style="text-align: center;">\$35</p> <p style="text-align: center;">Prior authorization may be required</p>	<p style="text-align: center;">\$20</p> <p style="text-align: center;">\$0 \$0-\$100*</p> <p style="text-align: center;">\$35**</p> <p style="text-align: center;">Prior authorization may be required</p>
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Fitting/evaluation • Hearing aid 	<p style="text-align: center;">\$0 \$0 \$0</p> <p style="text-align: center;">\$2,000 annual allowance for two aids (one per ear)</p>	<p style="text-align: center;">\$0 - Prior authorization may be required \$0 - Prior authorization may be required \$0</p> <p style="text-align: center;">\$2,000 annual allowance for two aids (one per ear); Prior authorization may be required</p>
Dental Services <ul style="list-style-type: none"> • Preventive • Comprehensive • Annual maximum 	<p style="text-align: center;">\$0</p> <p style="text-align: center;">0-75% coinsurance, depending on services; for example, palliative treatment has a 0% coinsurance and endodontics, like a root canal, has a 75% coinsurance</p> <p style="text-align: center;">Prior authorization may be required</p> <p style="text-align: center;">\$3,500</p>	<p style="text-align: center;">\$0</p> <p style="text-align: center;">0-75% coinsurance, depending on services; for example, palliative treatment has a 0% coinsurance and endodontics, like a root canal, has a 75% coinsurance</p> <p style="text-align: center;">Prior authorization may be required</p> <p style="text-align: center;">\$3,500</p>

* \$0 copayment for diagnostic radiology services from a preferred vendor. \$100 copayment for all other diagnostic radiology services.

**\$0 copayment for X-ray services at a PCP office or from select providers. \$35 copay for all other X-ray services.

Premiums & Benefits	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Vision Services <ul style="list-style-type: none"> • Routine Eye Exam • Eyewear 	<p style="text-align: center;">\$0 \$0</p> <p>\$250 flexible spending card for routine vision exams and eyewear</p>	<p style="text-align: center;">\$0 \$0</p> <p>\$250 flexible spending card for routine vision exams and eyewear</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient Care • Outpatient group therapy/ individual therapy visit 	<p>You pay \$295/Day for Days 1-6 & \$0/Day for Days 7-90 Prior authorization may be required</p> <p>Prior authorization may be required</p> <p style="text-align: center;">\$0</p>	<p>You pay \$295/Day for Days 1-6 & \$0/Day for Days 7-90 Prior authorization may be required</p> <p>Prior authorization may be required</p> <p style="text-align: center;">\$0</p>
Skilled Nursing Facility	<p>You pay \$0/day for days 1-20 & \$170/day for days 21-100 Prior authorization may be required</p>	<p>You pay \$0/day for days 1-20 & \$170/day for days 21-100 Prior authorization and a referral may be required</p>
Physical Therapy (PT) Occupational Therapy (OT) Speech and Language Therapy (ST)	<p style="text-align: center;">\$30 \$30 \$30</p> <p>Prior authorization may be required</p>	<p style="text-align: center;">\$0 \$0 \$0</p> <p>Prior authorization may be required</p>
Ambulance <ul style="list-style-type: none"> • Air • Ground 	<p style="text-align: center;">20% coinsurance \$205</p> <p>Prior authorization may be required for non-emergency</p>	<p style="text-align: center;">20% coinsurance \$200</p> <p>Prior authorization may be required for non-emergency</p>
Transportation	<p style="text-align: center;">\$0</p> <p>Round trip medical transportation from home to PCP office or Behavioral Health specialist after hospitalization Prior authorization may be required</p>	<p style="text-align: center;">\$0</p> <p>Round trip medical transportation from home to PCP office or Behavioral Health specialist after hospitalization Prior authorization may be required</p>
Medicare Part B Drugs	<p style="text-align: center;">You pay 20% of the cost</p> <p>Prior authorization may be required</p>	<p style="text-align: center;">You pay 20% of the cost</p> <p>Prior authorization may be required</p>

Prescription Drugs			
	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002	
Deductible	\$0 for all tiers	\$0 for all tiers	\$0 for all tiers
Initial Coverage	<p>You will pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drugs costs paid by both you and our Part D plan. You pay \$0 for selection insulins through all Part D coverage stages for a 30-day supply.</p>		
Retail Rx			
	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Preferred Retail Rx 30-day supply
Tier 1: Preferred Generic	\$0	\$6	\$0
Tier 2: Non-Preferred Generic	\$0	\$15	\$0
Tier 3: Preferred Brand	\$47	\$47	\$47
Tier 4: Non-Preferred Brand	\$100	\$100	\$100
Tier 5: Speciality Tier	30%	30%	30%

Prescription Drugs

	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Mail Order Rx (90-day supply)		
	Preferred Mail Order Rx 90-day supply	Preferred Mail Order Rx 90-day supply
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Non-Preferred Generic	\$0	\$0
Tier 3: Preferred Brand	\$141	\$141
Tier 4: Non-Preferred Brand	\$300	\$300
Tier 5: Specialty Tier	30%	30%
Coverage Gap	<p>For tier 1 (preferred generic drugs) and tier 2 (generic) only, your copay is \$0 through the coverage gap stage. After your total drug costs reach \$4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for tier 3, tier 4 and tier 5 drugs during the coverage gap. Members with Extra Help pay their LIS level copay.</p>	
Catastrophic Coverage	<p>After you or others on your behalf pay \$7,400</p> <ul style="list-style-type: none"> • You pay \$4.15 or 5% whichever costs more • You pay \$10.35 or 5% whichever costs more 	
<ul style="list-style-type: none"> • Generic Drugs • Brand-Name Drugs 	<p>A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance. If you have questions about “Extra Help,” call:</p> <ul style="list-style-type: none"> • 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 (applications), 24 hours a day, 7 days a week; • The Social Security Office at 1-800-772-1213, between 7 am to 7 pm, Monday through Friday. TTY users should call 1-800-325-0778; or • Your State Medicaid Office: 800-975-7630. (TTY) users should call 888-263-5897 	
Extra Help		

Additional Benefits

	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Acupuncture	\$20 copayment per visit for Medicare-covered acupuncture visits. Prior authorization required	You pay \$20 per visit for a maximum of 20 visits for chiropractic services, acupuncture, and therapeutic massage combined, per year. You pay \$0 for Medicare covered Chiropractic care
Annual Wellness Visit Reward	\$25 reward on member's CCA Healthy Savings card for a completed and paid annual physical exam or wellness visit.	\$25 reward on member's CCA Healthy Savings card for a completed and paid annual physical exam or wellness visit.
Assisted Living Facility	You pay \$0 for up to 14 days of assisted living provided at select American House after hospitalization.	You pay \$0 for up to 14 days of assisted living provided at select American House after hospitalization.
Chiropractic Office Visits	\$20 copayment per visit for Medicare-covered chiropractic visits. Prior authorization required	You pay \$20 per visit for a maximum of 20 visits for chiropractic services, acupuncture, and therapeutic massage combined, per year. You pay \$0 for Medicare covered Chiropractic care
In-home Support (non medical)	\$0 – 60 hours per year	\$0 – 60 hours per year
Fitness Benefit*	\$0 for Silver&Fit®, which includes a fitness membership with access to a fitness center of your choosing, Fit at Home programming for at-home fitness, home fitness kits, and more.	\$0 for Silver&Fit®, which includes a fitness membership with access to a fitness center of your choosing, Fit at Home programming for at-home fitness, home fitness kits, and more.
Over the Counter (OTC) Benefit Please visit our website to see our list of covered items	\$200 every 3 months for approved Medicare OTC items	\$200 every 3 months for approved Medicare OTC items

*The Silver&Fit® program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit are trademarks of ASH and used with permission herein. Only at participating locations. Contact the plan for more information.

Additional Benefits

	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Caregiver Support	Members can move to an assisted living facility for up to 14 days post-hospitalization with prior authorization	Members can move to an assisted living facility for up to 14 days post-hospitalization with prior authorization
Meals	14 meals (7 days) post hospital discharge Prior authorization required	14 meals (7 days) post hospital discharge Prior authorization required
Telehealth	Coverage and copays vary depending on the type of provider	Coverage and copays vary depending on the type of provider
Durable Medical Equipment (DME)	20% coinsurance Prior authorization may be required	20% coinsurance Prior authorization may be required

Multi-Language Insert

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 1-855-959-5855. Someone who speaks English/Language 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 1-855-959-5855. 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 1-855-959-5855。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 1-855-959-5855。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 1-855-959-5855. 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 1-855-959-5855. 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 1-855-959-5855 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 1-855-959-5855. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-959-5855 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 1-855-959-5855. 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 1-855-959-5855. 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 1-855-959-5855 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 1-855-959-5855. 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 1-855-959-5855. 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 1-855-959-5855. 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 1-855-959-5855. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-959-5855 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。