

2023 SUMMARY OF BENEFITS

CCA Health Michigan

CCA Medicare Excel (HMO)

CCA Medicare Ultima (HMO)



23900 Orchard Lake Road, Ste 210
Farmington Hills, MI 48336

H9861 - 001/002 H9861_23_049_M



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 (HMO) are health plans with a Medicare contract. Enrollment 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 request the “Evidence of Coverage (EOC).”

WHO CAN JOIN?

To join CCA Health, 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, Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne.

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).

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, except holidays, and 8 a.m. to 8 p.m., Monday through Friday, from April 1 through September 30, except holidays. Messages received on holidays and outside of our business hours will be returned within one business day. Or visit us at ccahealthmi.org.

You can get this document for free in other formats, such as large print, braille, or audio. Call 855-959-5855 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday.) The call is free.

Premiums & Benefits	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Monthly Plan Premium*	\$0	\$40
Annual Medical Deductible	\$0	\$0
Maximum Out-of-Pocket Costs	\$4,500 per year	\$4,500 per year
In-Patient Hospital Stays	You pay \$295/day for days 1-6 & \$0/day for days 7-90 Authorization may be required	You pay \$295/day for days 1-6 & \$0/day for days 7-90 Authorization may be required
Outpatient Hospital	You pay \$200 Authorization may be required	You pay \$200 Authorization may be required
Primary Care Copay	\$0	\$0
Specialist Copay	\$30	\$0
Preventive Care (e.g., flu vaccine, diabetic screenings)	\$0	\$0
Emergency Care	You pay \$90 per visit If you are admitted to the hospital within 24 hours, then you do not have to pay for ER visit	You pay \$90 per visit If you are admitted to the hospital within 24 hours, then you do not have to pay for ER visit
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
Lab Services	\$0	\$0
X-ray Services	\$0-\$35 copay	\$0-35 copay
Hearing Services	<p style="text-align: center;">\$0 annual exam</p> <p>You get up to \$2,000 per year to purchase 2 aids (1 per ear) every year.</p>	<p style="text-align: center;">\$0 annual exam</p> <p>You get up to \$2,000 per year for 2 aids (1 per ear) every year.</p>
<p>Dental Services</p> <p>Dental Services are provided by Delta Dental of Michigan. Limitations and exclusions apply. You can reach Delta Dental of Michigan's Member Services Department at 800-330-2732 with questions about your dental benefits. Please contact Delta Dental of Michigan prior to accessing services to confirm benefits</p>	<p>We cover a maximum of \$3,500 per year for preventive and comprehensive dental services combined.</p> <p>You pay \$0 for the following:</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Periodic oral exams twice per calendar year • Comprehensive oral exam every 3 years • Dental cleanings twice per calendar year • Fluoride treatments twice per calendar year • X-rays (bitewings) once every year • Complete Series and panoramic X-rays once every 3 years • Bitewing X-rays are not payable in the same year as the full mouth series. 	<p>We cover a maximum of \$3,500 per year for preventive and comprehensive dental services combined</p> <p>You pay \$0 for the following:</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Periodic oral exams twice per calendar year • Comprehensive oral exam every 3 years • Dental cleanings twice per calendar year • Fluoride treatments twice per calendar year • X-rays (bitewings) once every year • Complete Series and panoramic X-rays once every 3 years • Bitewing X-rays are not payable in the same year as the full mouth series.

Premiums & Benefits	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
<p>Dental Services (continued)</p> <p>Dental Services are provided by Delta Dental of Michigan. Limitations and exclusions apply. You can reach Delta Dental of Michigan’s Member Services Department at 800-330-2732 with questions about your dental benefits. Please contact Delta Dental of Michigan prior to accessing services to confirm benefits</p>	<p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> • You pay 20% of the total cost for Medicare-covered comprehensive dental services. • Full mouth debridement is covered once per lifetime. • You pay 50% of the total cost for restorative services. • You pay 75% of the total cost for endodontic services. • You pay 50% of the total cost for extractions. • You pay 0–50% of the total cost. Cost sharing is based on service received. For example, emergency palliative treatment has a 0% coinsurance, whereas dentures/ denture relines and repairs have a 50% coinsurance. Full and partial dentures are limited to once in a five-year period. <p>Prior authorization may be required</p>	<p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> • You pay 20% of the total cost for Medicare-covered comprehensive dental services. • Full mouth debridement is covered once per lifetime. • You pay 50% of the total cost for restorative services. • You pay 75% of the total cost for endodontic services. • You pay 50% of the total cost for extractions. • You pay 0–50% of the total cost. Cost sharing is based on service received. For example, emergency palliative treatment has a 0% coinsurance, whereas dentures/ denture relines and repairs have a 50% coinsurance. Full and partial dentures are limited to once in a five-year period. <p>Prior authorization may be required</p>

Premiums & Benefits	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Vision Services	You receive a \$250 Flexible Spending card that can be used to pay for a routine eye exam, eyeglass lenses, eyeglass frames, contact lenses, and eyewear upgrades every year.	You receive a \$250 Flexible Spending card that can be used to pay for a routine eye exam, eyeglass lenses, eyeglass frames, contact lenses, and eyewear upgrades every year.
Mental Health Services	<p>Inpatient Care: You pay \$295/Day for Days 1-6 & \$0/Day for Days 7-90</p> <p>Outpatient Care: You pay \$0 for each individual and group therapy visit Authorization may be required</p>	<p>Inpatient Care: You pay \$295/Day for Days 1-6 & \$0/Day for Days 7-90</p> <p>Outpatient Care: You pay \$0 for each individual and group therapy visit Authorization may be required</p>
Skilled Nursing Facility	You pay \$0/day for days 1-20 & \$170/day for days 21-100 Authorization may be required	You pay \$0/day for days 1-20 & \$170/day for days 21-100 Authorization may be required
Physical Therapy	\$30	\$0
Ambulance	You pay \$205	You pay \$200
Transportation (scheduled by CCA)	1 trip after each hospitalization to PCP/ BH Specialist	1 trip after each hospitalization to PCP/ BH Specialist

Premiums & Benefits	CCA Medicare Excel (HMO) H9861-001		CCA Medicare Ultima (HMO) H9861-002	
Medicare Part B Drugs	You pay 20% of the cost Authorization may be required		You pay 20% of the cost Authorization may be required	
Outpatient Prescription Drugs				
	CCA Medicare Excel (HMO) H9861-001		CCA Medicare Ultima (HMO) H9861-002	
Phases of Part D Benefit				
Stage 1: Annual Prescription (Part D) Deductible	\$0 for all tiers		\$0 for all tiers	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Since your yearly deductible is \$0, you pay the following copays until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.			
Initial Coverage	Preferred cost sharing (At select pharmacies)	Standard cost sharing	Preferred cost sharing (At select pharmacies)	Standard cost sharing
Tier 1: Preferred Generic	\$0	\$6	\$0	\$6
Tier 2: Non-Preferred Generic	\$0	\$15	\$0	\$15
Tier 3: Preferred Brand	\$47	\$47	\$47	\$47
Tier 4: Non-Preferred Brand	\$100	\$100	\$100	\$100
Tier 5: Speciality Tier	30%	30%	30%	30%

Outpatient Prescription Drugs		
	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Stage 3: Coverage Gap Stage	<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>	
Extra Help	<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 	
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay:</p> <ul style="list-style-type: none"> • Generic: the greater of 5% coinsurance, or \$4.15 copay • Brand and all other: the greater of 5% coinsurance or \$10.35 copay 	
Select Insulins	\$10 30-day; \$30 90-day	\$10 30-day; \$30 90-day

³ For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or “donut hole” stages of your benefit. Subject to the terms set forth in the Inflation Reduction Act, you will never pay more than 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

Additional Benefits		
	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Acupuncture, Chiropractic	\$20 copayment per visit for Medicare-covered chiropractic and acupuncture visits.	You pay \$20 per visit for a maximum of 20 visits for chiropractic services, acupuncture, and therapeutic massage combined, per year
Silver and Fit Program Benefits	\$0 membership that also includes a home fitness kit	\$0 membership that also includes a home fitness kit
Assisted Living Facility	You pay \$0 for up to 14 days of assisted living provided at select American House after hospitalization. Prior authorization required	You pay \$0 for up to 14 days of assisted living provided at select American House after hospitalization. Prior authorization required
In-home Support (non medical) – Papa Health	60 hours per year	60 hours per year
Over the Counter (OTC) Benefit Please visit our website to see our list of covered items	Up to \$800 per year for over-the-counter health products	Up to \$800 per year for over-the-counter health products

Additional Benefits		
	CCA Medicare Excel (HMO) H9861-001	CCA Medicare Ultima (HMO) H9861-002
Caregiver Support	American House after hospital benefit up to 14 days	American House after hospital benefit up to 14 days
Meals	14 meals (7 days) post hospital discharge	14 meals (7 days) post hospital discharge
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	20% coinsurance

*You may need to continue to pay your Medicare Part B premium.

The above chart reflects in-network costs. Costs may vary depending on plan type, product, or service. For details on out-of-network costs, see the Plus Evidence of Coverage document or the Choice Evidence of Coverage document.

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:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 1-800-562-6223 (TTY 711)
Fax: 855-351-5495
Email: optum_civil_rights@optum.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the OptumRx Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

MULTI-LANGUAGE INTERPRETER SERVICES

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-855-959-5855 (TTY 711).

Spanish (Español): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-959-5855 (TTY 711).

Chinese (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-959-5855 (TTY 711)。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-959-5855 (TTY 711).

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-959-5855 (ATS 711).

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-959-5855 (TTY 711).

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-959-5855 (TTY 711).

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-959-5855 (TTY 711)번으로 전화해 주십시오.

Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-959-5855 (телефайп 711).

Arabic (العربية): ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 1-855-959-5855 (رقم هاتف الصم والبكم 711).

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-959-5855 (TTY 711) पर कॉल करें।

Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-959-5855 (TTY 711).

Portuguese (Português): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-959-5855 (TTY 711).

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-959-5855 (TTY 711).

Polish (Polski): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-959-5855 (TTY 711).

Greek (Ελληνικά): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-959-5855 (TTY 711).

Japanese (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-959-5855 (TTY 711) まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អប្លូស គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-959-5855 (TTY 711)។

Lao/Laotian (ລາວ/ລາວ): ໂປດລາວ: ຖ້າ ທ່ານ ກໍາລັງ ກາລາສາ ລາວ, ການບໍ່ ຈິ ການຊ່ວຍເຫຼືອ ອັດ ການພາສາ, ໂດຍບໍ່ ເສັ ບິຄ່າ, ຄວມ ນມ ພ ອມໃຫ້ ທ ກ. ໂທ 1-855-959-5855 (TTY 711).

Gujarati (ગુજરાતી): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-959-5855 (TTY 711).