



2024

Summary of Benefits



CCA Health Michigan, Inc.

CCA Medicare Maximum (HMO D-SNP) H9861-003

This is a summary of drug and health services covered by CCA Health Michigan from January 1, 2024 to December 31, 2024.

22260 Haggerty Road, Suite 300
Northville, MI 48167

INTRODUCTION TO SUMMARY OF BENEFITS

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 (Genesee, Macomb, Oakland, St. Clair, Lapeer, and Wayne Counties) and also receive certain levels of assistance from the Michigan Medical Assistance program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a dual eligible. You can enroll in this plan if you are in one of these Medicaid categories:

Qualified Medicare Beneficiary Plus (QMB+): You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts. You pay nothing, except for Part D prescription drug copays.

Qualified Medicare Beneficiary (QMB): You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You pay nothing, except for Part D prescription drug copays.

Specified Low-Income Medicare Beneficiary Plus (SLMB+): Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid.

Full Benefits Dual Eligible (FBDE): Medicaid helps provide assistance with Medicare Part A and Part B premiums, copays, deductibles, and coinsurance. You also receive full Michigan Medicaid benefits. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

This plan has a network of doctors, hospitals, pharmacies, and other providers. Using in-network providers can cost less than using out-of-network services, except in emergency situations.

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 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

IMPORTANT INFORMATION

For more information, please call us at 855-959-5855. TTY users should call 711. The hours are 8 am to 8 pm, seven days a week from October 1 through March 31 and 8 am to 8 pm, Monday through Friday from April 1 through September 30. Or visit us at www.ccahealthmi.org.

- CCA Medicare Maximum (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal. CCA has a contract with Michigan to coordinate Medicaid benefits with this plan.
- 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 www.ccahealthmi.org.
- When this document says “we,” “us,” or “our,” it means CCA Health Michigan, Inc. When it says “plan” or “our plan,” it means CCA Medicare Maximum.
- This information is not a complete description of benefits. Contact Member Services for more information.
- Benefits may change on January 1, 2025. 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 and Deductibles

	CCA MEDICARE MAXIMUM (HMO D-SNP)
Monthly Plan Premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium.
Medical Deductible	\$0
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	\$0 annually for Medicare-covered services you receive from in-network providers
	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year. Please note that you will still need to pay your share of the cost for your Part D prescription drugs.

List of Covered Services

The following table is a quick overview of in-network services you may need, your costs, and rules about the benefits.

Benefits		CCA MEDICARE MAXIMUM (HMO D-SNP)
Inpatient Hospital		\$0 copayment per admission Prior authorization required
Outpatient Hospital	Hospital, including surgery	\$0 copayment per stay Prior authorization required
	Observation services	\$0 copayment per stay
Ambulatory Surgical Center (ASC)		\$0 copayment per day Prior authorization required
Doctor Visits	Primary Care Provider (PCP)	\$0 copayment per visit
	Specialists	\$0 copayment per visit
Preventive Care (e.g., flu vaccine, diabetic screenings)		\$0 copayment per visit Other preventive services available
Emergency Care		\$0 copayment per visit
Urgently Needed Services		\$0 copayment per visit

Benefits		CCA MEDICARE MAXIMUM (HMO D-SNP)
Diagnostic Services/ Labs/Imaging	Diagnostic radiology services (e.g., MRI)	\$0 copayment per service \$0 copayment for diagnostic mammogram Prior authorization required
	Lab services	\$0 copayment per service Prior authorization required
	Diagnostic tests and procedures	\$0 copayment per service Prior authorization required
	Therapeutic radiology	\$0 copayment per service Prior authorization required
	Outpatient X-rays	\$0 copayment per service Prior authorization required
Hearing Services	Hearing exam (Medicare covered)	\$0 copayment per visit
	Routine hearing exam (Non-Medicare)	\$0 copayment per visit One (1) per year
	Hearing aid	\$1,500 annual allowance towards the purchase of 2 hearing aids One (1) per ear every year

Benefits		CCA MEDICARE MAXIMUM (HMO D-SNP)
Dental Services	Preventive services (Non-Medicare)	\$0 copayment per visit
	Comprehensive services (Medicare-covered)	\$0 copayment per visit Prior authorization required
	Comprehensive services (Non-Medicare)	\$0 copayment per visit Please refer to your Evidence of Coverage for a full list of benefit cost shares and limitations.
	Annual Combined Maximum	\$3,500 for preventive and comprehensive services (Non-Medicare)
Vision Services	Eye exam (Medicare-covered)	\$0 copayment per visit
	Routine eye exam (Non-Medicare)	You receive \$550 on your Healthy Savings card that can be used to pay for routine eye exams, eyeglass lenses, eyeglass frames, contact lenses, and eyewear upgrades every year.
	Eyewear	
Mental Health Services Individual and Group Sessions		\$0 copayment per visit Prior authorization required
Skilled Nursing Facility		\$0 copayment per admission Prior authorization required

Benefits	CCA MEDICARE MAXIMUM (HMO D-SNP)
<p>Physical Therapy (PT), Occupational Therapy (OT), and Speech and Language Therapy (ST)</p>	<p>\$0 copayment per visit Prior authorization required</p>
<p>Ambulance Ground and air transportation</p>	<p>\$0 copayment per one-way trip for ground and air transport Prior authorization required for non-emergent transport</p>
<p>Transportation</p>	<p>\$0 copayment per one-way medical trips up to 50 per year to plan-approved locations, maximum of 20 miles</p>
<p>Medicare Part B Drugs</p>	<p>\$0 copayment for Part B Insulin You pay 0% of the total cost for Part B Chemotherapy/Radiation and other Part B drugs. Prior authorization required</p>

Prescription Drugs

Drug Coverage	CCA MEDICARE MAXIMUM (HMO D-SNP)
Annual Prescription Drug (Part D) Deductible	\$0 for all Tiers

Initial Coverage	<p>You will pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drugs costs paid by both you and our Part D plan.</p> <p>You pay \$0 for insulin for a one-month supply.</p>	
Standard Retail		
	CCA MEDICARE MAXIMUM (HMO D-SNP)	
Drug Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Generic)	\$0	\$0
Tier 3 (Preferred Brand)	\$0	\$0
Tier 4 (Non-Preferred Brand)	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	N/A*
Mail Order		
Drug Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Generic)	\$0	\$0
Tier 3 (Preferred Brand)	\$0	\$0
Tier 4 (Non-Preferred Brand)	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	N/A*

Coverage Gap Stage	<p>After your total drug costs reach \$5,030, you will enter the Coverage Gap stage. Your drug costs will remain \$0.</p> <p>You pay \$0 for insulin for a one-month supply.</p>
Catastrophic Coverage	<p>After your total drug costs reach \$8,000, you will enter the Catastrophic Coverage stage. You pay \$0 for insulin for a one-month supply. Your drug costs will remain \$0.</p>

*N/A – Three-month supplies of Tier 5 drugs are not available.

Additional Benefits

The following table are additional benefits you get through our plan at a network provider or facility.

Additional Benefits		CCA MEDICARE MAXIMUM (HMO D-SNP)
Acupuncture (Medicare-covered)		\$0 for up to 20 visits per year for Medicare-covered acupuncture for chronic back pain
Chiropractic Services	(Medicare-covered)	\$0 copayment for Medicare-covered chiropractic care
	Non-Medicare	\$0 for up to 20 routine chiropractic visits per year
Disease Management	Diabetes monitoring supplies	\$0 copayment
	Diabetes Self-Management Training	\$0 copayment
	Therapeutic shoes or inserts	\$0 copayment Prior authorization required
Durable Medical Equipment and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	0% of the total cost Prior authorization required for supplies over \$500
	Prosthetics (e.g., braces, artificial limbs)	0% of the total cost Prior authorization required
Fitness Benefit		Silver&Fit [®] includes a fitness membership with access to a single in-network fitness center of your choosing per month, Fit at Home programming for at-home fitness, one (1) home fitness kit per year, and more ¹

¹ 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 MAXIMUM (HMO D-SNP)
Podiatry Services	Foot exams and treatment	\$0 copayment
	Routine foot care (Non-Medicare)	\$0 copayment per visit, up to twelve (12) per year
Home Healthcare		\$0 copayment Prior authorization required
Hospice		\$0 You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
Identity Theft Insurance		\$0 You pay nothing for free identity monitoring for members with qualifying chronic conditions. Not all members qualify. ²
Opioid Treatment Services		\$0 copayment
Over the Counter (OTC) Items		You receive a CCA Healthy Savings card with an allowance of \$750 loaded every calendar quarter (3 months) to purchase CCA-covered over-the-counter (OTC) items without a prescription at in-network retailers. Use your card to purchase OTC items including: first aid supplies, COVID-19 tests, body wash, dental care, and cold and flu remedies at in-network retailers. For members with chronic illnesses, you may use your quarterly allowance on the Healthy Savings card for the purchase of CCA-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. ²

² The identity theft, utility, sneaker, and food benefits mentioned are part of a special supplemental program for people with qualifying chronic conditions. Not all members qualify. Certain restrictions may apply. Call Member Services at 855-959-5855 (TYY 711) to see if you qualify. Not all members qualify.

Additional Benefits	CCA MEDICARE MAXIMUM (HMO D-SNP)
Renal Dialysis	\$0 copayment Prior authorization required
Annual Wellness Visit and Physical Exam Reward	\$25 reward on member's CCA Healthy Savings card for a completed physical exam or wellness visit
Sneaker Allowance	\$100 annual maximum on the Healthy Savings card for the purchase of sneakers at registered shoe stores that accept Visa for members with chronic conditions. Not all members qualify. ²
Worldwide Coverage	\$0 copayment for emergency services \$0 copayment for urgent care services \$0 copayment for emergency transportation Covered for emergency services, emergency transportation, and urgent care outside of the United States and its territories, up to \$100,000 per year for all services combined.

² The identity theft, utility, sneaker, and food benefits mentioned are part of a special supplemental program for people with qualifying chronic conditions. Not all members qualify. Certain restrictions may apply. Call Member Services at 855-959-5855 (TTY 711) to see if you qualify. Not all members qualify.

Notice of Nondiscrimination

CCA Health Michigan 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. CCA Health Michigan:

- 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 CCA Health Michigan 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:

CCA Health Michigan, Inc.
Civil Rights Coordinator
30 Winter Street
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: civilrightscordinator@commonwealthcare.org

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

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

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

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

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (TTY 711). 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 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、
1-855-959-5855 (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 1-855-959-5855 (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 1-855-959-5855 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬថ្នាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-855-959-5855 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។