



2024

Summary of Benefits



CCA Health Rhode Island

CCA Medicare Maximum (HMO D-SNP) H0876-001

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

3 Davol Square, Suite C-300
Providence, RI 02903

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 (the State of Rhode Island) and also receive certain levels of assistance from the Rhode Island State Medicaid program. 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 Rhode Island 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. Except in emergency situations, if you use 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 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 833-346-9222. TTY users should call 711. The hours are 8 am to 8 pm, seven days a week. Or visit us at www.ccahealthri.org.

- CCA Medicare Maximum (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract and a contract with the State Medicaid program. 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 833-346-9222 (TTY 711) and request the “Evidence of Coverage” or access it at www.ccahealthri.org.
- When this document says “we,” “us,” or “our,” it means Commonwealth Care Alliance Rhode Island, LLC. When it says “plan” or “our plan,” it means CCA Medicare Maximum.
- In the state of Rhode Island, Commonwealth Care Alliance Rhode Island, LLC does business as CCA Health Rhode Island (CCA Health).
- 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.
- Except in emergency situations, if you use providers that are not in our network, we may not pay for these services. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You can get this document for free in other formats, such as large print, braille or audio. Call 833-346-9222 (TTY 711).

Premiums and Deductibles

	CCA MEDICARE MAXIMUM (HMO D-SNP)
Monthly Plan Premium (includes both medical and drugs)	\$0 Premium 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 from in-network providers

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 – Prior authorization required
Outpatient Hospital	Outpatient hospital services, including surgery	\$0 – Prior authorization required
	Outpatient hospital observation services	\$0
Ambulatory Surgical Center (ASC)		\$0 – Prior authorization required
Doctor Visits	Primary Care Provider (PCP)	\$0
	Specialists	\$0
Preventive Care (e.g., flu vaccine, diabetic screenings)		\$0 Other preventive services available
Emergency Care		\$0
Urgently Needed Services		\$0
Diagnostic Services/Labs/Imaging	Diagnostic tests and procedures	\$0 – Prior authorization required
	Lab services	\$0 – Prior authorization required
	Diagnostic radiology services (e.g., MRI)	\$0 – Prior authorization required
	Therapeutic radiology	\$0 – Prior authorization required
	Outpatient X-rays	\$0 – Prior authorization required
Hearing Services	Routine hearing exam	\$0 – One (1) per year
	Hearing aid	\$4,000 annual allowance for two (2) aids – One (1) per ear every year

Benefits		CCA MEDICARE MAXIMUM (HMO D-SNP)
Dental Services	Preventive services (Non-Medicare)	\$0 per visit up to the annual combined benefit maximum
	Comprehensive services (Medicare-covered)	\$0 – Prior authorization required
	Comprehensive services (Non-Medicare)	<p>\$0 per visit up to the annual combined benefit maximum</p> <p>Prior authorization required for certain services</p> <p>Please refer to your Evidence of Coverage for a full list of benefit cost shares and limitations.</p>
	Annual Combined Benefit Maximum (Non-Medicare)	\$4,000 allowance
Vision Services	Routine eye exam	\$0 – One (1) per year
	Eyewear	<p>\$0</p> <p>Up to \$350 for frames, lenses, visually necessary contact lenses, and upgrades every year</p>
Mental Health Services		\$0 – Prior authorization required
Skilled Nursing Facility		<p>\$0 – Days 1-100</p> <p>Prior authorization required</p>
Physical Therapy (PT), Occupational Therapy (OT), and Speech and Language Therapy (ST)		\$0 – Prior authorization required
Ambulance		\$0 – Prior authorization required for non-emergency ambulance

Benefits	CCA MEDICARE MAXIMUM (HMO D-SNP)
<p>Transportation</p>	<p>\$0</p> <p>50 one-way medical trips per year to plan-approved locations</p> <p>Mileage limitations apply</p> <p>Members with chronic conditions can use the 50 one-way trips for medical and/or non-medical purposes.</p> <p>Not all members qualify¹</p>
<p>Medicare Part B Drugs</p>	<p>\$0 – Prior authorization required</p> <p>Prior authorization not required for Insulin</p>

¹ The identity theft, utility, sneaker, food, and non-medical transportation benefits mentioned are part of a special supplemental program for people with qualifying chronic conditions. Certain restrictions may apply. Call Member Services at 833-346-9222 (TTY 711) to see if you qualify. Not all members qualify.

Prescription Drugs

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

Initial Coverage	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. You pay \$0 for insulin for a one-month supply.	
Standard Retail		
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 – Specialty drugs are only available for a one-month supply
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 – Specialty drugs are only available for a one-month supply

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

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
	Non-Medicare	\$0 for up to 12 supplemental visits per year
Chiropractic Services		\$0 for Medicare-covered chiropractic care
Annual Wellness Visit and Physical Exam Reward		\$25 reward for an annual wellness visit or physical exam
Disease Management	Diabetes monitoring supplies	\$0 Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. Prior authorization required
	Diabetes Self-Management Training	\$0
	Therapeutic shoes or inserts	\$0 – Prior authorization required
Durable Medical Equipment and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen)	\$0 – Prior authorization required
	Prosthetics (e.g., braces, artificial limbs)	\$0 – Prior authorization required
Fitness Benefit		Silver&Fit® includes a fitness membership with access to a single in-network fitness center per month of your choosing, Fit at Home programming for at-home fitness, one home fitness kit per year, and more. ²
Podiatry Services	Foot exams and treatment	\$0 – Prior authorization required
	Routine foot care	\$0 – four (4) visits per year
Home Health Care		\$0 – Prior authorization required

² 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)
Hospice	<p>\$0</p> <p>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.</p>
Identity Theft Insurance	<p>Free identity monitoring for members with qualifying chronic conditions. Not all members qualify.¹</p>
Nurse Advice Line (24/7)	<p>Speak with a registered nurse or behavioral health clinician 24 hours a day, 7 days a week at no cost.</p>
Opioid Treatment Services	<p>\$0</p>
Over the Counter (OTC) Items	<p>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.</p> <p>For members with qualifying chronic illnesses, you may use your quarterly allowance on the Healthy Savings card for the purchase of approved food at in-network retailers as well as towards utility payments such as gas, electric, and internet/cable at registered utility merchants that accept Visa. Not all members qualify.¹</p>
Renal Dialysis	<p>\$0</p>
Sneaker Allowance	<p>\$100 annual allowance on the Healthy Savings card for the purchase of sneakers at registered shoe stores that accept Visa for members with qualifying chronic conditions. Not all members qualify.¹</p>
Worldwide Coverage	<p>Covered for emergency department, emergency transportation, and urgent care, up to \$100,000 per year</p>

¹ The identity theft, utility, sneaker, food, and non-medical transportation benefits mentioned are part of a special supplemental program for people with qualifying chronic conditions. Certain restrictions may apply. Call Member Services at 833-346-9222 (TTY 711) to see if you qualify. Not all members qualify.

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
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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (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 1-866-346-9222 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-346-9222 (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 1-866-346-9222 (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、
1-866-346-9222 (TTY 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-346-9222 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian: ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຍາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໃຫ້ຫາພວກເຮົາທີ່ເບີ 1-866-346-9222 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬផ្ទៃរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-346-9222 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។