



COMMONWEALTH CARE ALLIANCE® (CCA) MEMBERS GET GREAT NEW BENEFITS IN 2023!

Dear valued provider,

CCA Medicare Advantage and Senior Care Options members will have access to even more benefits! The new benefits help members improve health and wellness, while saving more money. Members don't need to do anything. CCA Membership renews automatically!!

Benefits are designed to lower financial barriers experienced when accessing critical services such as primary or specialist care, behavioral health, physical and occupational therapy. We have continued to enhance drug, OTC, and dental implant benefits as well.

In addition, we are announcing a **New CCA Medicare Premier PPO** product designed with senior housing residents in mind. It focuses on residents' priorities when choosing a Medicare Advantage plan. It offers a wide range of coverage, including \$0 pharmacy deductible, \$0 PCP co-pay and extra benefits such as dental, OTC, transportation, and even in-home companion support.

The attached provides details on the great new benefits for CCA members in 2023. The updated 2023 CCA Provider Manual will be available in December 2022 on our website: www.commonwealthcarealliance.org/ma/providers

If you have questions, our team would love to hear from you. Provider Services can be reached weekdays at 866-420-9332, 8 am to 6 pm, or by email at providerservices@commonwealthcare.org

Thank you for your continued partnership and the quality of care you provide to CCA members.

Sincerely,

Helen Connaughton

On behalf of MA Market Provider Partnerships

GREAT NEWS!

Members currently enrolled in all CCA plans will automatically renew in 2023. They do not need to do anything to take advantage of great new benefits in 2023.

CCA PPO PLANS IN MASSACHUSETTS

New and/or improved benefits are indicated by **bolded, red text**.

	NEW PLAN:		
	CCA Medicare Preferred H9414-001 (PPO)	CCA Medicare Value H9414-002 (PPO)	CCA Medicare Premier H9414-003 (PPO)
Premium	\$0	\$0-20²	\$50
Maximum Out-of-Pocket (MOOP)	\$6,500 in-network/ \$10,000 combined out-of-network	\$5,000 in-network/ \$8,950 combined out-of-network	\$4,000 in-network/ \$6,000 combined out-of-network
Counties	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Middlesex, Norfolk, Suffolk, Worcester
PCP Visit	\$0 in- and out-of-network	\$0 in- and out-of-network	\$0 in- and out-of-network
Specialist Visit			
In-network	\$40	\$40	\$0
Out-of-network	\$65	\$65	\$45
Inpatient Stay			
In-network	Days 1-5: \$370/day	Days 1-5: \$275/day	Days 1-5: \$330/day
Out-of-network	30% per stay <i>PA needed</i>	30% per stay <i>PA needed</i>	Days 1-5: \$330/day <i>PA needed</i>
Skilled Nursing Facility			
In-network	Days 21-57: \$184/day	Days 21-57: \$184/day	Days 21-57: \$184/day
Out-of-network	Days 1-45: \$225/day PA needed	Days 1-45: \$225/day PA needed	Days 1-45: \$225/day PA needed
Urgent Care	\$30 per visit	\$30 per visit	\$0 per visit
Emergency Care	\$90 per visit	\$90 per visit	\$90 per visit
Lab Services	\$0	\$0	\$0 (IN) \$30 (out-of-network)
Worldwide Emergency Care	\$90 copay, \$100k limit	No copay, \$100k limit	No copay, \$100k limit

NEW PLAN:

	CCA Medicare Preferred H9414-001 (PPO)	CCA Medicare Value H9414-002 (PPO)	CCA Medicare Premier H9414-003 (PPO)
Home Health			
In-network	\$40	\$40	\$0
Out-of-network	50% <i>PA needed</i>	50% <i>PA needed</i>	50% <i>PA needed</i>
OT/PT/Speech Therapy			
In-network	\$0 (in home), \$30 (in office/facility)	\$0 (in home), \$40 (in office/facility)	Days 1–5: \$330/day
Out-of-network	\$65 <i>PA needed</i>	\$65 <i>PA needed</i>	\$65 <i>PA needed</i>
Mental Health: Individual			
In-network	\$0	\$0	\$0
Out-of-network	\$40 <i>PA needed</i>	\$40 <i>PA needed</i>	\$40 <i>PA needed</i>
Mental Health: Group			
In-network	\$0	\$0	\$0
Out-of-network	\$30 <i>PA needed</i>	\$30 <i>PA needed</i>	\$30 <i>PA needed</i>
Durable Medical Equipment (DME)			
In-network	20%	20%	\$0
Out-of-network	50% <i>PA needed</i>	50% <i>PA needed</i>	50% <i>PA needed</i>
Telehealth	<p>Same as the cost of services received in person CCA covers telehealth for: urgently needed services; home health services; primary care provider services; occupational therapy services; individual sessions for mental health specialty services, psychiatric services and outpatient substance use; other health care professional; physical therapy and speech-language pathology services</p>		

NEW PLAN:

	CCA Medicare Preferred H9414-001 (PPO)	CCA Medicare Value H9414-002 (PPO)	CCA Medicare Premier H9414-003 (PPO)
Additional Benefits			
OTC Amount	\$165 every calendar quarter	\$285 every calendar quarter, with food¹	\$130 every calendar quarter, with food ¹
Meal Benefit	14 meals post-discharge PA needed	14 meals post-discharge PA needed	14 meals post-discharge PA needed
Transportation	N/A	24 one-way medical visits/year	40 one-way medical and non-medical/year
Dental	\$2,300 per year \$0 preventive dental \$0 comprehensive dental Covers implants	\$2,300 per year \$0 preventive dental \$0 comprehensive dental Covers implants	\$1,700 per year \$0 preventive dental \$0 comprehensive dental Covers implants
Eye Exam	\$0	\$0	\$0
Eyewear (frames or contact lenses)	\$290	\$300	\$200
Hearing Exam	Exam: \$0 in-network \$65 out-of-network	Exam: \$0 in-network \$65 out-of-network	Exam: \$0 in-network \$65 out-of-network
Hearing Aids	Aids: \$200–\$1,150 50% co-insurance up to \$300 out-of-network per year	Aids: \$2,000 per year	Aids: \$1,000 reimbursement per year
Podiatry: 6 Supplemental Visits			
In-network	\$40	\$40	\$0
Out-of-network	\$65	\$65	\$45
Fitness	Silver&Fit fitness program	Silver&Fit fitness program	N/A
Annual Exam Reward	\$25 (gift card after paid claim)	\$25 (gift card after paid claim)	\$25 (gift card after paid claim)
Sneaker Allowance¹	\$50¹	\$100¹	\$50 ¹
Home-Based Palliative Care	Yes	Yes	Yes
In-Home Support Services	N/A	N/A	Up to 60 hours/year by Papa Pals
Identity Theft Insurance¹	N/A	Yes¹	Yes ¹

NEW PLAN:

	CCA Medicare Preferred H9414-001 (PPO)	CCA Medicare Value H9414-002 (PPO)	CCA Medicare Premier H9414-003 (PPO)
Prescription Drugs (Prescription costs below are for 30 day, but members can get up to 100 day supply for Preferred and Value) ²			
RX Plan Info	RxBin: 610602/ RX PCN: NVTD	RxBin: 610602/ RX PCN: NVTD	RxBin: 610602/ RX PCN: NVTD
Deductible	\$0, all tiers	\$200, all tiers	\$0, all tiers
Tier 1 Preferred Generic	\$0	\$0	\$0
Tier 2 Generic	\$0	\$0	\$0
Tier 3 Preferred Brand	\$47	\$47	\$47
Tier 4 Non-preferred Brand	\$100	\$100	\$100
Tier 5 Specialty	29%	25%	25%
Low-Cost Insulin	\$35	\$35	\$35

CCA SENIOR CARE OPTIONS AND ONE CARE

New and/or improved benefits are indicated by **bolded, red text**.

	One Care H0137-001 (MMP)	CCA SCO H2225-001 (HMO D-SNP)
Monthly Premium	\$0	\$0
Maximum Out-of-Pocket (MOOP)	\$0	\$0
Counties	Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Medical Services (including inpatient stay, SNF, doctors, specialists, hospital stays, etc.)	\$0 <i>PA may be needed</i>	\$0 <i>PA may be needed</i>
Family Planning	Covered	N/A
PT/ OT/ Speech	\$0 <i>PA needed</i>	\$0 <i>PA needed</i>
Worldwide Emergency Care	N/A	\$0 copay, \$100k limit
Durable Medical Equipment (DME)	\$0 copay <i>PA needed</i>	\$0 copay <i>PA needed</i>
Additional Benefits		
OTC Amount	N/A	\$285 every calendar quarter, including food¹
Adult Day Services	Covered	Covered
Environmental or Home Modifications	Covered	Covered
Meal Benefit	14–28 post-discharge meals Chronic condition meals for extended periods PA needed	14–28 post-discharge meals Chronic condition meals for extended periods PA needed
Transportation	8 one-way non-medical visits Unlimited medical	8 one-way non-medical visits Unlimited medical
Dental—Preventive and Comprehensive	\$0 copay Implants covered	\$0 copay Implants covered

	One Care H0137-001 (MMP)	CCA SCO H2225-001 (HMO D-SNP)
Eye Exam	\$0	\$0
Eyewear (frames or contact lenses)	\$125 for frames per year	\$300 per year
Hearing Exam	Exam: \$0	Exam: \$0
Hearing Aids	Aids: Up to \$1,000 per year before PA required	Aids: Up to \$1,000 per year before PA required
Podiatry	\$0 <i>PA may be needed</i>	\$0 <i>PA may be needed</i>
Fitness Reimbursement	N/A	\$250 reimbursement for gym, online classes, fitness equipment, or weight management
Annual Exam Reward	\$25 (gift card after completed visit)	\$25 (gift card after completed visit)
LTSS (including assisted living, employment supports, homemaker, and respite care)	Covered <i>PA needed</i>	Covered <i>PA needed</i>
Chiropractic Services	\$0 for 36 supplemental visits per year <i>PA needed for more than 36</i>	\$0 for 36 supplemental visits per year <i>PA needed for more than 36</i>
Acupuncture	\$0 for 36 supplemental visits per year <i>PA needed for more than 36</i>	\$0 for 36 supplemental visits per year <i>PA needed for more than 36</i>
Non-skilled Home Visits	Covered	Covered
Identity Theft Insurance	N/A	Yes
Prescription Drugs		
RX Plan Info	RxBin: 610602/ RX PCN: NVTD	RxBin: 610602/ RX PCN: MCD
Prescription Drugs	\$0	\$0

¹Some extra benefits are special supplemental benefits for the chronically ill (SSBCI). Members must be chronically ill to qualify.

²If members qualify for Extra Help, their premium and drug costs may be lower.