



## GREAT NEWS!

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

# COMMONWEALTH CARE ALLIANCE® (CCA) MEMBERS WILL GET ACCESS TO GREAT NEW BENEFITS IN 2023!

Dear valued provider,

Beginning January 2023, CCA members will have access to even more benefits! Our new benefits have been designed to help our members improve their health and wellness while saving even more money. And here is the best part: Members don't need to do anything to get access to these benefits. Membership with CCA will renew automatically!

We will continue to offer the same great benefits that members received in 2022—and more! We've enhanced our benefits and added new ones. To view a summary of the many great benefits coming to members in 2023, just turn the page. As always, you can also review the updated 2023 CCA Provider Manual for more information. The updated 2023 CCA Provider Manual will be available in December 2022 in the Providers' section on our website:

[www.commonwealthcarealliance.org/ri/providers](http://www.commonwealthcarealliance.org/ri/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](mailto:providerservices@commonwealthcare.org).

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

Sincerely,

A handwritten signature in black ink that reads 'Kevin McKay'.

**Vice President, Market Partnership Strategy & Performance**

# CCA PLANS IN RHODE ISLAND

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

	CCA Medicare Preferred H9876-001 (PPO)	CCA Medicare Value H9876-002 (PPO)	CCA Medicare Maximum H0876-001 (HMO D-SNP)
<b>Premium</b>	\$0 <sup>2</sup>	<b>\$0–29<sup>2</sup></b>	\$0 <sup>2</sup>
<b>Maximum Out-of-Pocket (MOOP)</b>	\$4,500 in- and out-of-network combined	\$4,500 in- and out-of-network combined	\$0
<b>Counties</b>	Bristol, Kent, Newport, Providence, Washington	Bristol, Kent, Newport, Providence, Washington	Bristol, Kent, Newport, Providence, Washington
<b>PCP Visit</b>			
In-network	\$0	\$0	\$0
Out-of-network	20%	20%	N/A
<b>Specialist Visit</b>			
In-network	\$30	\$30	\$0
Out-of-network	20%	20%	N/A
<b>Inpatient Stay</b>			
In-network	<b>Days 1–5: \$300/day</b>	<b>Days 1–5: \$200/day</b>	\$0
Out-of-network	<b>Days 1–5: \$300/day</b> <i>PA needed</i>	<b>Days 1–5: \$200/day</b> <i>PA needed</i>	N/A <i>PA needed</i>
<b>Skilled Nursing Facility</b>			
In-network	Days 21–45: \$160/day	Days 21–45: \$160/day	\$0
Out-of-network	20% per stay <i>PA needed</i>	20% per stay <i>PA needed</i>	N/A <i>PA needed</i>
<b>Urgent Care</b>	\$30 per visit	\$30 per visit	\$0
<b>Emergency Care</b>	\$90 per visit	\$90 per visit	\$0
<b>Lab Services</b>	\$0 <i>PA needed</i>	\$0 <i>PA needed</i>	\$0 <i>PA needed</i>
<b>Worldwide Emergency Care</b>	\$90 copay, \$100k limit	No copay, \$100k limit	No copay, \$100k limit
<b>Home Health</b>			
In-network	\$0	\$0	\$0
Out-of-network	20% <i>PA needed</i>	20% <i>PA needed</i>	N/A <i>PA needed</i>

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<b>OT/PT/Speech Therapy</b>			
In-network	<b>\$0 (in home), \$25 (in office/facility)</b>	<b>\$0 (in home), \$15 (in office/facility)</b>	\$0
Out-of-network	20% <i>PA needed</i>	20% <i>PA needed</i>	N/A <i>PA needed</i>
<b>Mental Health: Individual</b>			
In-network	<b>\$0</b>	<b>\$0</b>	\$0
Out-of-network	<b>\$0</b>	<b>\$0</b>	N/A
<b>Mental Health: Group</b>			
In-network	<b>\$0</b>	<b>\$0</b>	\$0
Out-of-network	<b>\$0</b>	<b>\$0</b>	N/A
<b>Telehealth</b>	<p><b>Same as the cost of services received in person</b>  <b>CCA covers telehealth for:</b> 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>		

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<b>Additional Benefits</b>			
<b>OTC Amount</b>	<b>\$120 every calendar quarter</b>	<b>\$105 every calendar quarter with food<sup>1</sup></b>	<b>\$675 every calendar quarter with food<sup>1</sup></b>
<b>Meal Benefit</b>			
In-network	14 meals post-discharge	14 meals post-discharge	<b>14 meals post-discharge</b>
Out-of-network	80% reimbursement up to \$6/meal <i>PA needed</i>	80% reimbursement up to \$6/meal <i>PA needed</i>	<b>N/A</b> <i>PA needed</i>
<b>Transportation</b>	12 one-way medical trips	<b>24 one-way medical trips</b>	<b>50 one-way medical and non-medical trips<sup>1</sup></b>
<b>Dental</b>	<b>Maximum coverage is \$2,250 per year</b> \$0 preventive and comprehensive exams <b>Implants included</b>	<b>Maximum coverage is \$2,500 per year</b> \$0 preventive and comprehensive exams <b>Implants included</b>	<b>Maximum coverage is \$3,500 per year</b> \$0 preventive and comprehensive exams <b>Implants included</b>
<b>Eye Exam</b>	\$0	\$0	\$0
<b>Eyewear (frames or contact lenses)</b>	\$290	\$300	\$300
<b>Hearing Exam</b>	Exam: \$0   20% (OON)	Exam: \$0   20% (OON)	Exam: \$0
<b>Hearing Aids</b>	Aids: \$200–\$1,150/ year for 2 aids 50% up to \$300 OON	<b>Aids: \$2,000 per year for 2 aids</b> 20% OON	<b>Aids: \$4,000 per year for 2 aids</b>
<b>Fitness</b>	<b>Silver&amp;Fit fitness program</b>	<b>Silver&amp;Fit fitness program</b>	<b>Silver&amp;Fit fitness program</b>
<b>Annual Exam Reward</b>	\$25 (gift card after paid claim)	\$25 (gift card after paid claim)	\$25 (gift card after paid claim)
<b>Home-Based Palliative Care</b>	Covered	Covered	Covered
<b>Sneaker Allowance<sup>1</sup></b>	<b>\$50 per year</b>	<b>\$100 per year</b>	<b>\$100 per year</b>
<b>Identity Theft Insurance<sup>1</sup></b>	N/A	<b>Yes<sup>1</sup></b>	<b>Yes<sup>1</sup></b>

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<b>Prescription Drugs</b> (Prescription costs below are for 30 days, but members can get up to 100-day supply) <sup>2</sup>			
<b>RX Plan Info</b>	RxBin: 610602/ RX PCN: NVTD	RxBin: 610602/ RX PCN: NVTD	RxBin: 610602/ RX PCN: NVTD
<b>Deductible</b>	\$0, all tiers	\$0, all tiers	\$0, all tiers
<b>Tier 1 Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0<sup>3</sup></b>
<b>Tier 2 Generic</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0<sup>3</sup></b>
<b>Tier 3 Preferred Brand</b>	\$47	\$47	<b>\$0<sup>3</sup></b>
<b>Tier 4 Non-preferred Brand</b>	\$100	\$100	<b>\$0<sup>3</sup></b>
<b>Tier 5 Specialty</b>	33%	25%	<b>\$0<sup>3</sup></b>
<b>Low-Cost Insulin</b>	\$35	N/A	<b>\$0<sup>3</sup></b>

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

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

<sup>3</sup>CCA participates in the Value Based Insurance Design (VBID) program for the CCA Medicare Maximum (HMO D-SNP) plan to ensure drug costs are \$0 for all members.