



CCA Medicare Maximum (HMO D-SNP) offered by Commonwealth Care Alliance Rhode Island, LLC (CCA Health Rhode Island)

Annual Notice of Changes for 2023

You are currently enrolled as a member of CCA Medicare Maximum. Next year, there will be changes to the plan's costs and benefits. **Please see page 5 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the **Evidence of Coverage**, which is located on our website at www.ccahealthri.org. You may also call Member Services to ask us to mail you an Evidence of Coverage.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (healthcare provider, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.

- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care provider, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your **Medicare & You 2023** handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in CCA Medicare Maximum.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with CCA Medicare Maximum.
- Look in section 3, page 17 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Este documento está disponible de forma gratuita en español.
- Please contact our Member Services number at 833-346-9222 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, 7 days a week.
- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 833-346-

9222 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CCA Medicare Maximum

- CCA Medicare Maximum (HMO D-SNP) is a health plan with a Medicare contract and a contract with the State Medicaid program. Enrollment depends on contract renewal.
- 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).

H0876_23_ANOC_C CMS Approved 08302022

Annual Notice of Changes for 2023 Table of Contents

| | | |
|--|--|-----------|
| Summary of Important Costs for 2023 | | 5 |
| SECTION 1 | Changes to Benefits and Costs for Next Year | 6 |
| | Section 1.1 – Changes to the Monthly Premium | 6 |
| | Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount | 6 |
| | Section 1.3 – Changes to the Provider and Pharmacy Networks | 7 |
| | Section 1.4 – Changes to Benefits and Costs for Medical Services | 7 |
| | Section 1.5 – Changes to Part D Prescription Drug Coverage | 15 |
| SECTION 2 | Administrative Changes | 18 |
| SECTION 3 | Deciding Which Plan to Choose | 18 |
| | Section 3.1 – If you want to stay in CCA Medicare Maximum | 18 |
| | Section 3.2 – If you want to change plans | 18 |
| SECTION 4 | Changing Plans | 19 |
| SECTION 5 | Programs That Offer Free Counseling about Medicare and Medicaid | 20 |
| SECTION 6 | Programs That Help Pay for Prescription Drugs | 20 |
| SECTION 7 | Questions? | 21 |
| | Section 7.1 – Getting Help from CCA Medicare Maximum | 21 |
| | Section 7.2 – Getting Help from Medicare | 22 |
| | Section 7.3 – Getting Help from Medicaid | 22 |

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CCA Medicare Maximum in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, healthcare provider office visits, and inpatient hospital stays.

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details. | \$0 | \$0 |
| Doctor office visits | Primary care visits: \$0 per visit Specialist visits: \$0 per visit | Primary care visits: \$0 per visit Specialist visits: \$0 per visit |
| Inpatient hospital stays | \$0 | \$0 |
| Part D prescription drug coverage See Section 1.5 for details. | Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$0 • Drug Tier 4: \$0 • Drug Tier 5: \$0 | Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$0 • Drug Tier 4: \$0 • Drug Tier 5: \$0 |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.) | \$0 annually for Medicare-covered services from in-network providers | \$0 annually for Medicare-covered services from in-network providers |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
|--|------------------|------------------|
| Monthly premium There are no changes to your premium amounts for 2023. (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | \$0 | \$0 |

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

| Cost | 2022 (this year) | 2023 (next year) |
|--|------------------|------------------|
| Maximum out-of-pocket amount There are no changes to your maximum out-of-pocket amounts for 2023. Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. | \$0 | \$0 |

Section 1.3 – Changes to the Provider and Pharmacy Networks

An updated Provider and Pharmacy Directory is located on our website at www.ccahealthri.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider and Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the **Annual Notice of Changes** tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| | 2022 (this year) | 2023 (next year) |
|------------------------|---|---|
| Acupuncture | <p>The plan covers acupuncture for chronic low back pain, a Medicare covered service.</p> <p>See Evidence of Coverage for full details.</p> | <p>The plan covers no more than 20 visits per year for Medicare-covered acupuncture for chronic back pain.</p> <p>The plan covers 12 acupuncture visits per year as a supplemental benefit in addition to the Medicare-covered services.</p> <p>See Evidence of Coverage for full details.</p> |
| Dental Services | <p>You have an annual maximum for preventive and comprehensive services of \$3,000 per year.</p> <p>After the annual maximum is exhausted, any remaining charges are your responsibility.</p> <p>See Evidence of Coverage for full details.</p> | <p>You have an annual maximum for preventive and comprehensive services of \$3,500 per year.</p> <p>After the annual maximum is exhausted, any remaining charges are your responsibility.</p> <p><u>Implant Services:</u></p> <ul style="list-style-type: none"> Implants are covered for maximum of 2 implants per arch per year, for a total of 4 implants per year. <p>See Evidence of Coverage for full details.</p> |

| | 2022 (this year) | 2023 (next year) |
|--------------------------|--|--|
| Diabetes supplies | <p>Our plan contracts with Abbott Diabetes Care, a preferred vendor, to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Lite® meters, FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips.</p> | <p>Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips, OneTouch Ultra2® Glucose System, OneTouch Ultra Mini® Meter, OneTouch Verio Flex® Meter, OneTouch Verio IQ® Meter, OneTouch Ultra® Test Strips and OneTouch Verio® Test Strips.</p> <p>Some restrictions may apply.</p> <p>You can obtain a new glucometer and test strips by requesting a new prescription from your provider to fill at your local pharmacy. You can also call LifeScan at 1-800-227-8862 or visit www.lifescan.com. Or call Abbott Diabetes Care at 1-800-522-5226 or visit www.AbbottDiabetesCare.com.</p> |

| | 2022 (this year) | 2023 (next year) |
|------------------------|--|---|
| Emergency Care | <p>Worldwide coverage for emergency department services</p> <p>See Evidence of Coverage for full details.</p> | <p>Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories. This is a supplemental benefit covered under our plan.</p> <p>There is a \$100,000 limit for emergency or urgently needed services provider outside the United States.</p> <p>See Evidence of Coverage for full details.</p> |
| Fitness Benefit | <p>Wellness Allowance</p> <p>The plan reimburses you up to \$435 each calendar year toward your cost of fitness and wellness related items.</p> <p>See Evidence of Coverage for full details.</p> | <p>Silver & Fit Fitness</p> <p>Silver & Fit includes a fitness membership with access to an in-network fitness center of your choosing, Fit at Home programming for at-home fitness, home fitness kits, and more. To find Silver & Fit fitness locations and online classes, visit www.silverandfit.com. You can also call 1-877-427-4788 (TTY 711).</p> <p>See Evidence of Coverage for full details.</p> |

| | 2022 (this year) | 2023 (next year) |
|--|---|--|
| <p>Healthy Savings card to purchase certain Medicare approved over-the-counter (OTC) items and healthy food</p> | <p>You will receive a card with an allowance of \$100 that is applied at the beginning of each calendar quarter (every three months) to purchase Medicare-approved items such as hand sanitizer, masks, first aid supplies, dental care, cold symptom supplies, and others, without a prescription.</p> <p>See Evidence of Coverage for full details.</p> | <p>You receive a CCA Healthy Savings card with an allowance of \$675 each calendar quarter (every three months) to purchase Medicare-approved OTC items such as hand sanitizer, masks, first aid supplies, dental care, cold symptom supplies, and others at in-network retailers.</p> <p>For members with chronic illnesses, you may use the Healthy Savings card for the purchase of healthy foods similar to the Supplemental Nutrition Assistance Program (SNAP) benefit at in-network retailers.</p> <p>Unused amounts cannot be carried over from one quarter to the next.</p> <p>See Evidence of Coverage for full details.</p> |

| | 2022 (this year) | 2023 (next year) |
|---------------------|--|--|
| Hearing Aids | <p>We cover the following through NationsHearing:</p> <ul style="list-style-type: none"> Hearing aids: Up to \$2500 toward the cost of up to two hearing aids every 2 years, both ears combined. You are responsible for any remaining cost after the plan's benefit maximum (\$2500) is applied. <p>See Evidence of Coverage for full details.</p> | <p>We cover the following through NationsHearing:</p> <ul style="list-style-type: none"> Hearing aids: Up to \$4000 toward the cost of up to two hearing aids (1 per ear), every year. You are responsible for any remaining cost after the plan's benefit maximum (\$4000) is applied. <p>See Evidence of Coverage for full details.</p> |

| | 2022 (this year) | 2023 (next year) |
|---|--|--|
| Help With Chronic Conditions¹ | <p>Members with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill.</p> <ul style="list-style-type: none"> • Grocery delivery program valued at \$45 worth of fresh groceries delivered to you on a monthly basis. • Members also have 24 one-way non-medical transportation visits per year. <p>See Evidence of Coverage for full details.</p> | <p>Members with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill.</p> <ul style="list-style-type: none"> • Food and produce allowance for members diagnosed with a chronic condition. Qualifying members will have access to this allowance through their Healthy Savings quarterly allowance of \$675 at in-network retailers. • Members have fifty (50) one-way trips per year for non-medical purposes. This is combined with the medical transportation benefit. The total benefit limit (non-medical + medical) is 50 one-way trips per year. • The plan provides an allowance of \$100 per year to members with a chronic illness for the purchase of sneakers at shoe stores with the Healthy Savings card. <p>See Evidence of Coverage for full details.</p> |
| Telehealth services (Virtual Care) | <p>See “Physician/Practitioner services, including doctor’s office visits” in Chapter 4 of the Evidence of Coverage for full details about covered telehealth services.</p> | <p>Telehealth coverage includes Teladoc.</p> <p>See “Physician/Practitioner services, including doctor’s office visits” in Chapter 4 of the Evidence of Coverage for full details about covered telehealth services.</p> |

| | 2022 (this year) | 2023 (next year) |
|---------------------------------|--|---|
| Transportation (medical) | Not Covered. | <p>The plan covers fifty (50) one-way trips per year for medical or non-medical¹ reasons (other than emergencies) to approved destinations in the plan's service area.</p> <p>The fifty (50) one-way trips are a combined benefit—a medical or non-medical trip will count toward your total transportation benefit.</p> <p>See Evidence of Coverage for full details.</p> |
| Urgently needed services | <p>Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories. This is a supplemental benefit covered under our plan.</p> <p>See Evidence of Coverage for full details.</p> | <p>Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories. This is a supplemental benefit covered under our plan.</p> <p>There is a \$100,000 limit for emergency or urgently needed services provider outside the United States.</p> <p>See Evidence of Coverage for full details.</p> |

¹ Some extra benefits are special supplemental benefits, which not all members will qualify for. Contact the plan for more information.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is: provided electronically. **You can get the complete Drug List** by calling Member Services or visiting our website (www.ccahealthri.org).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 8 of your Evidence of Coverage and talk to your healthcare provider to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

| Stage | 2022 (this year) | 2023 (next year) |
|--|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2022 (this year) | 2023 (next year) |
|--|---|---|
| <p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic: You pay \$0 per prescription.</p> <p>Tier 2 Generic: You pay \$0 per prescription.</p> <p>Tier 3 Preferred Brand: You pay \$0 per prescription.</p> <p>Tier 4 Non-preferred Brand: You pay \$0 per prescription.</p> <p>Tier 5 Specialty Drugs You pay \$0 per prescription.</p> <p>_____</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic: You pay \$0 per prescription.</p> <p>Tier 2 Generic: You pay \$0 per prescription.</p> <p>Tier 3 Preferred Brand: You pay \$0 per prescription.</p> <p>Tier 4 Non-preferred Brand: You pay \$0 per prescription.</p> <p>Tier 5 Specialty Drugs You pay \$0 per prescription.</p> <p>_____</p> |

| Stage | 2022 (this year) | 2023 (next year) |
|---|--|--|
| <p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 5, Section 2 of your Evidence of Coverage.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> | <p>Because we have \$0 copays, this payment stage does not apply to you.</p> | <p>Because we have \$0 copays, this payment stage does not apply to you.</p> |

Changes to your VBID Part D Benefit

In 2023, CCA Medicare Maximum will participate in the Center for Medicare & Medicaid Services (CMS) Value-Based Insurance Design (VBID) model. The VBID Part D program allows us to eliminate your cost sharing for Part D drugs. You pay \$0 per prescription regardless of your level of Extra Help.

SECTION 2 Administrative Changes

In the state of Rhode Island, our organization's new name is **CCA Health Rhode Island (CCA Health)**, a state offering of Commonwealth Care Alliance Rhode Island, LLC. The plan, CCA Medicare Maximum, is still operated by Commonwealth Care Alliance Rhode Island, LLC.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in CCA Medicare Maximum

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CCA Medicare Maximum plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- **OR**-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the **Medicare & You 2023** handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Commonwealth Care Alliance Rhode Island, LLC (CCA Health Rhode Island) offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CCA Medicare Maximum.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CCA Medicare Maximum.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – **or** – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Rhode Island, the SHIP is called the Rhode Island State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Rhode Island State Health Insurance Assistance Program at 401-462-0740. You can learn more about the Rhode Island State Health Insurance Assistance Program by visiting their website (<https://oha.ri.gov/SHIP>).

For questions about your Rhode Island Medicaid benefits, contact the Department of Human Services (DHS) at 1-855-MY-RIDHS (1-855-796-4347), 8:30 am to 3 pm, Monday through Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Rhode Island Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Rhode Island has a program called the Rhode Island Pharmaceutical Assistance Program that

helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Rhode Island AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 401-222-5960.

SECTION 7 Questions?

Section 7.1 – Getting Help from CCA Medicare Maximum

Questions? We're here to help. Please call Member Services at 833-346-9222 (TTY only, call 711.) We are available for phone calls 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, and 8 am to 6 pm, Saturday and Sunday.) Calls to this number are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2023. For details, look in the **2023 Evidence of Coverage** for CCA Medicare Maximum. The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the **Evidence of Coverage** is located on our website at www.ccahealthri.org. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

Visit our Website

You can also visit our website at www.ccahealthri.org. As a reminder, our website has the most up-to-date information about our provider network (**Provider and Pharmacy Directory**) and our List of Covered Drugs (**Formulary/Drug List**).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the **Medicare & You 2023** handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 7.3 – Getting Help from Medicaid

To get information from Rhode Island Medicaid, you can call the Department of Human Services (DHS) at 1-855-MY-RIDHS (1-855-796-4347) (TTY 711), 8:30 am to 3 pm, Monday through Friday.