CCA Medicare Excel (HMO) offered by CCA Health Plans of California, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of CCA Health Choice (HMO). 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 ccahealthca.org. You can also review the attached OR enclosed OR separately mailed **Evidence of Coverage** to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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 (doctor, 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 doctors, 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 Excel (HMO)**.
- 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 Excel (HMO)**.
- 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

- This document is available for free in **Spanish**.
- Please contact our Member Services number at 1-866-333-3530 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30. Messages received on holidays and outside of our business hours will be returned within one business day.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 866-333-3530 (TTY 711), 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.) 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 Excel (HMO)

- CCA Medicare Excel (HMO) is a health plan with a Medicare contract. Enrollment depends on contract renewal.
- When this booklet says "we," "us," or "our," it means CCA Health Plans of California, Inc. When it says "plan" or "our plan," it means CCA Medicare Excel (HMO).

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Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CCA Medicare Excel (HMO) in several important areas. **Please note this is only a summary of changes**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$7,550	$2,500
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

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	$100 copay Days 1-5 $0 copay Days 6-90 No limit to the number of days covered by the plan each hospital stay.	$0 copay Days 1-3 $100 copay Days 4-7 $0 copay Days 8-90 No limit to the number of days covered by the plan each hospital stay.
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: (Preferred Generic) $0 per prescription. • Drug Tier 2: (Generic) $7 per prescription. • Drug Tier 3: (Preferred Brand) $45 per prescription. • Drug Tier 4: (Non-Preferred Brand) $100 per prescription. • Drug Tier 5: (Specialty Tier) 33% of the total cost.	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: (Preferred Generic) $0 per prescription. • Drug Tier 2: (Generic) $0 per prescription. • Drug Tier 3: (Preferred Brand) $35 per prescription. • Drug Tier 4: (Non-Preferred Drug) $90 per prescription. • Drug Tier 5: (Specialty Tier) 33% of the total cost.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in CCA Medicare Excel (HMO) in 2023

If you do nothing by December 7, 2022, we will automatically enroll you in our CCA Medicare Excel (HMO). This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through CCA Medicare Excel (HMO). If you want to change plans or switch to Original Medicare you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefit and Cost for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

- Your monthly plan premium will be **more** if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – 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 Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$7,550	$2,500 Once you have paid $2,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

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**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, **Medical Benefits Chart (what is covered and what you pay)**, in your **2023 Evidence of Coverage.**

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	$100 copay Days 1-5 $0 copay Days 6-90 No limit to the number of days covered by the plan each hospital stay.	$0 copay Days 1-3 $100 copay Days 4-7 $0 copay Days 8-90 No limit to the number of days covered by the plan each hospital stay.

Cost	2022 (this year)	2023 (next year)
Cardiac and Pulmonary Rehabilitation Services	For Medicare-covered Cardiac Rehabilitation Services, copay is $0 if service is administered in a doctor's office, and copay is $50.00 if service is administered in a hospital outpatient setting. For Medicare-covered Intensive Cardiac Rehabilitation Services, copay is $0.00 if service is administered in a doctor's office, and copay is $100.00 if service is administered in a hospital outpatient setting. For Medicare-covered Pulmonary Rehabilitation Services, copay is $0.00 if service is administered in a doctor's office, and copay is $30.00 if service is administered in a hospital outpatient setting. For Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services, copay is $0.00 if service is administered in a doctor's office, and copay is $30.00 if service is administered in a hospital outpatient setting.	For Medicare-covered Cardiac Rehabilitation Services, copay is $40.00 if service is administered in a doctor's office, and copay is $40.00 if service is administered in a hospital outpatient setting. For Medicare-covered Intensive Cardiac Rehabilitation Services, copay is $65.00 if service is administered in a doctor's office, and copay is $65.00 if service is administered in a hospital outpatient setting. For Medicare-covered Pulmonary Rehabilitation Services, copay is $20.00 if service is administered in a doctor's office, and copay is $20.00 if service is administered in a hospital outpatient setting. For Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services, copay is $30.00 if service is administered in a doctor's office, and copay is $30.00 if service is administered in a hospital outpatient setting.

Cost	2022 (this year)	2023 (next year)
Vision, Non-Medicare covered (obtained from a network provider)	Frames and standard lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered in full once every 24 months from the Genesis eyewear collection of frames (available only from a VSP Vision Care network provider). Frame and lens (single vision, lined bifocal, lined trifocal, lenticular lenses) covered up to a $50 retail allowance when selected from outside the Genesis eyewear collection. Refractions covered every 24 months Lens upgrades are no longer covered.	$0 copay for up to one routine eye exam every year. $0 copay for Base Lenses (single, bifocal and trifocal) once every year. $0 copay up to $300 for Frames or contact lenses once every year.
Worldwide Emergency/ Urgent Coverage	$25,000 limit per year	$100,000 limit per year
Additional Telehealth	Not covered	$0 copay Additional services provider: Teladoc

Cost	2022 (this year)	2023 (next year)
Opioid Treatment Program Services	If treatment service includes outpatient psychiatric services, substance abuse services, or mental health specialty services, $25.00 copay applies. For any other items or services that CMS determines appropriate for Opioid Treatment Programs (OTPs), such as toxicology testing or opioid agonist and antagonist treatment medications covered under Part B, $0 copay applies.	If treatment service includes outpatient psychiatric services, substance abuse services, or mental health specialty services, $0.00 copay applies. For any other items or services that CMS determines appropriate for Opioid Treatment Programs (OTPs), such as toxicology testing or opioid agonist and antagonist treatment medications covered under Part B, $0 copay applies.
Outpatient Hospital Services	$125 copay	$150 copay
Observation Services	$50 copay	$100 copay
Ambulatory Surgical Center (ASC) Services	$100 copay	$75 copay
Outpatient Substance Abuse Services	$20 copay	$25 copay

Cost	2022 (this year)	2023 (next year)
Transportation Services	$0 copay for up to 32 one- way trip(s) to Plan approved health-related location every year.	$0 copay for up to 48 one-way medical trip(s) to Plan approved location every year.
Over-the-Counter (OTC) **Healthy Savings Flex Card**	$25 every three months Benefit is limited to the items in the OTC Benefit Catalog.	You receive a Healthy Savings flex card with an allowance of $55 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 OTC network retailers or home delivery via a catalog. Unused amounts cannot be carried over from one quarter to the next. See Evidence of Coverage for full details.
Annual Physical Exam	Not covered	$0 copay for Annual Physical Exam as a supplemental benefit
Annual Wellness/ Physical Exam Reward	Not covered	You will receive a $25 reward on your Healthy Savings flex card upon completion of an annual wellness exam or annual physical exam. See Evidence of Coverage for full details.

Cost	2022 (this year)	2023 (next year)
Hearing Services	$500 limit per ear every year	$0 copay for routine hearing exams. We cover the following through Nations Hearing: • Hearing aids: The plan covers two (2) hearing aids (1 per ear) at a maximum allowance of $1,000 every year. See Evidence of Coverage for full detail.
Dental Services	Dental services provided on a fee-for-service basis. Limitations apply to the following services: • Bitewings: four radiographic images - limited to 1 series every 6 months • Intraoral: complete series of radiographic images - limited to 1 series every 24 months	Not covered
Healthy Savings Flex Card	Not covered	You receive a Healthy Savings flex card with an allowance of $100 to use toward the purchase of vision costs and items outside of your annual vision benefit amount. This allowance can be used at vision stores, where visa is accepted. See Evidence of Coverage for full details.

Cost	2022 (this year)	2023 (next year)
Fitness Benefit	CCA Health California provides membership at participating fitness facilities through SilverSneakers® at no cost. SilverSneakers® is an exercise and healthy aging program which provides access to participating fitness facilities, or the option for SilverSneakers® Steps at-home kits for members who are unable to participate in a fitness facility, recovering from an injury or prefer to work out at home.	**Silver & Fit Fitness** Silver & Fit includes a fitness membership with access to a 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 https://www.silverandfit.com/. You can also call 1-877-427- 4788 (TTY 711). See Evidence of Coverage for full details.
Select Insulins	Not covered	$0 - $30 copay

Section 2.6 – 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.

We have made changes to the list of insulin drugs that will be covered as Select Insulins at a lower cost-sharing. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically]. You can identify Select Insulins by “SI” symbol used to refer to Select Insulins in the Drug List. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

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.

Starting in 2023, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. Because you receive "Extra Help" and if you haven't received this insert by September 30th, please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your Evidence of Coverage for more information about the stages.)

The information below shows the changes for next year 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. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the Evidence of Coverage, which is located on our website at ccahealthca.org. You may also call Member Services to ask us to mail you an Evidence of Coverage.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $30 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help – Please contact Member Services at 866-333-3530 for additional information. (TTY users should call 711.) Hours are 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.)

Changes to the Deductible Stage

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

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
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.**	Your cost for a 31-day supply filled at a network pharmacy with standard cost-sharing: ***Preferred Generic*:** You pay $0 per prescription. ***Generic*:** You pay $7 per prescription. ***Preferred Brand*:** You pay $45 per prescription. ***Non-Preferred Brand*:** You pay $100 per prescription. ***Specialty Tier*:** You pay 33% of the total cost.	Your cost for a one-month supply filled at a network pharmacy and Select Insulins with standard cost sharing: ***Preferred Generic*:** You pay $0 per prescription. ***Generic*:** You pay $0 per prescription. ***Preferred Brand*:** You pay $35 per prescription. ***Non-Preferred Drug*:** You pay $90 per prescription. ***Specialty Tier*:** You pay 33% of the total cost.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) 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 6, Section 5 of your *Evidence of Coverage*. **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.**	Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage). OR you have paid $7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). OR you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). CCA Medicare Excel (HMO) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be 25% coinsurance or $35 Copay *for Select Insulins* for a one-month supply.

SECTION 3 Administrative Changes

In the state of California, our organization's new name is **CCA Health California (CCA Health)**, a state offering of CCA Health Plans of California, Inc. The plan's new name is CCA Medicare Excel, and is operated by CCA Health Plans of California, Inc.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in CCA Medicare Excel (HMO)

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 Excel (HMO) plan.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change 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. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

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 6), or call Medicare (see Section 8.2).

As a reminder, CCA Health offers other Medicare health 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 Excel (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from CCA Medicare Excel (HMO).
- 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
    - – **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.

SECTION 5 Deadline for 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.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Insurance Counseling and Advocacy Program (HICAP) 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 Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 1-800-735-2929). You can learn more about Health Insurance Counseling and Advocacy Program (HICAP) by visiting their website https://cahealthadvocates.org/hicap.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, 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).
- **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 California AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (844) 421-7050.

SECTION 8 Questions?

Section 8.1 – Getting Help from CCA Medicare Excel (HMO)

Questions? We're here to help. Please call Member Services at 1-866-333-3530. (TTY users should call 711). We are available for phone calls 8 a.m. to 8 p.m. seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30. Messages received on holidays and outside of our business hours will be returned within one business day. Calls to these numbers 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 202. For details, look in the 2023 Evidence of Coverage for CCA Medicare Excel (HMO). 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 ccahealthca.org. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you. 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 ccahealthca.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 8.2 – 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.