

2023 SUMMARY OF BENEFITS

CCA Health California

CCA Medicare Excel (HMO)

San Joaquin County | Santa Clara County

This is a summary of drug and health services covered by CCA Health California from January 1, 2023- December 31, 2023.



18000 Studebaker Rd, #150
Cerritos, CA 90703

H1426 – 001/002 H1426_23_019_M



INTRODUCTION TO SUMMARY OF BENEFITS

H1426 – 001/002

CCA Health California

January 1, 2023 – December 31, 2023

CCA Medicare Excel (HMO) is a Medicare Advantage HMO plan with a Medicare contract. 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 866-333-3530 (TTY 711) and request the “Evidence of Coverage” or access it at commonwealthcarealliance.org/ca/members/2023-member-benefits/.

WHO CAN JOIN?

To join CCA Health, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: San Joaquin and Santa Clara.

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 the 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 (1-800-633-4227). TTY users should call 1-877-486-2048.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service 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 866-333-3530 (TTY 711). The call is free.

MEMBER SERVICE INFORMATION

For more information, please call us at 1-866-333-3530 (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. Or visit us at www.commonwealthcarealliance.org/ca/.

Premiums & Benefits	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
Monthly Plan Premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium.
Annual Medical Deductible	No deductible for medical.	No deductible for medical.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than \$2,500 annually. Includes copays and other costs for medical services for the year.	You pay no more than \$2,500 annually. Includes copays and other costs for medical services for the year.
Inpatient Hospital	\$0 per day for days 1-3 \$100 for days 4-7 \$0 for day 8-90 You pay \$0 for unlimited additional days beyond 90 Prior authorization may be required.	\$0 per day for days 1-3 \$100 for days 4-7 \$0 for day 8-90 You pay \$0 for unlimited additional days beyond 90 Prior authorization may be required.
Outpatient Hospital	\$150 Prior authorization and a referral may be required.	\$150 Prior authorization and a referral may be required.
Ambulatory Surgery Center (ASC)	\$75 Prior authorization and a referral may be required.	\$75 Prior authorization and a referral may be required.

Premiums & Benefits	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
Doctor Visits <ul style="list-style-type: none"> • Primary care provider • Specialists 	<p style="text-align: center;">\$0 copay \$0 copay</p> <p style="text-align: center;">Specialist services may require authorization and a referral</p>	<p style="text-align: center;">\$0 copay \$0 copay</p> <p style="text-align: center;">Specialist services may require authorization and a referral</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p style="text-align: center;">\$0 copay</p>	<p style="text-align: center;">\$0 copay</p>
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • MRI, CAT scan • X-rays 	<p style="text-align: center;">\$0</p> <p style="text-align: center;">\$0</p> <p style="text-align: center;">\$45</p> <p style="text-align: center;">\$0</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p>	<p style="text-align: center;">\$0</p> <p style="text-align: center;">\$0</p> <p style="text-align: center;">\$0</p> <p style="text-align: center;">\$0</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p>

Premiums & Benefits	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	<p>\$0 copay for one routine hearing exam per year</p> <p>\$1,000 allowance for two hearing aids per year (1 per ear)</p> <p>Prior authorization may be required.</p>	<p>\$0 copay for one routine hearing exam per year</p> <p>\$1,000 allowance for two hearing aids per year (1 per ear)</p> <p>Prior authorization may be required.</p>
Dental Services	<p>Not covered</p>	<p>Not covered</p>
Vision Services <ul style="list-style-type: none"> • Routine eye exam • Eyewear (contact lenses and frames and lenses) 	<p>\$0 copay for one routine eye exam per year</p> <p>Prior authorization may be required.</p> <p>\$0 copay for base lenses (single, bifocal, trifocal) once every year</p> <p>\$300 plan coverage limit for frames or contact lenses every year</p> <p>Prior authorization may be required.</p>	<p>\$0 copay for one routine eye exam per year</p> <p>Prior authorization may be required.</p> <p>\$0 copay for base lenses (single, bifocal, trifocal) once every year.</p> <p>\$300 plan coverage limit for frames or contact lenses every year</p> <p>Prior authorization may be required.</p>

Premiums & Benefits	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
Mental Health Services <ul style="list-style-type: none"> • Outpatient group therapy/ individual therapy visit • Inpatient mental health 	<p style="text-align: center;">\$25 copay</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p> <p style="text-align: center;">\$200 per day for days 1–8 \$0 per day for days 9-90</p> <p style="text-align: center;">Prior authorization may be required.</p>	<p style="text-align: center;">\$25 copay</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p> <p style="text-align: center;">\$200 per day for days 1–8 \$0 per day for days 9-90</p> <p style="text-align: center;">Prior authorization may be required.</p>
Skilled Nursing Facility (SNF)	<p style="text-align: center;">\$0 copay days 1–20; \$75 copay per day, for days 21–100</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p>	<p style="text-align: center;">\$0 copay days 1–20; \$100 copay per day for days 21–100</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p>
Physical Therapy	<p style="text-align: center;">\$0 copay</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p>	<p style="text-align: center;">\$0 copay</p> <p style="text-align: center;">Prior authorization and a referral may be required.</p>
Ambulance	<p style="text-align: center;">\$125 copay</p> <p style="text-align: center;">If you are admitted to the hospital, you do not pay the ambulance copay</p> <p style="text-align: center;">Authorization may be required for non-emergency ambulance transport</p>	<p style="text-align: center;">\$100 copay</p> <p style="text-align: center;">If you are admitted to the hospital, you do not pay the ambulance copay</p> <p style="text-align: center;">Authorization may be required for non-emergency ambulance transport</p>
Transportation	<p style="text-align: center;">\$0 copay for up to 48 one-way medical trips to plan-approved locations each year</p> <p style="text-align: center;">Prior authorization may be required.</p>	<p style="text-align: center;">\$0 copay for up to 48 one-way medical trips to plan-approved locations each year</p> <p style="text-align: center;">Prior authorization may be required.</p>

Premiums & Benefits	CCA Medicare Excel (HMO) San Joaquin		CCA Medicare Excel (HMO) Santa Clara	
Medicare Part B Drugs	20% of the cost Prior authorization may be required.		20% of the cost Prior authorization may be required.	
Chemotherapy Drugs	20% of the cost Prior authorization may be required.		20% of the cost Prior authorization may be required.	
Prescription Drugs				
Part D Deductible	No Deductible		No Deductible	
Initial Coverage	Retail & Mail Order 30-day supply	Retail & Mail Order 3-month supply	Retail & Mail Order 30-day supply	Retail & Mail Order 3-month supply
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$30	\$60	\$35	\$70
Tier 4: Non-Preferred Brand	\$90	\$180	\$90	\$180
Tier 5: Specialty Tier	33% of the cost	Not available	33% of the cost	Not available
Coverage Gap	You pay \$0 for Tier 1 and 2 During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs in Tier 3, Tier 4, and Tier 5. Members with Low Income Subsidy pay their LIS level copay		You pay \$0 for Tier 1 During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs in Tier 2, 3, Tier 4, and Tier 5. Members with Low Income Subsidy pay their LIS level copay	

Prescription Drugs

	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
Catastrophic Coverage	After you or others on your behalf pay \$7,400: <ul style="list-style-type: none">• Generic drugs - You pay \$4.15 or 5% (whichever costs more)• Brand-name drugs - You pay \$10.35 or 5% (whichever costs more)	
Cost-sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit		

Supplemental Benefits		
	CCA Medicare Excel (HMO) San Joaquin	CCA Medicare Excel (HMO) Santa Clara
Acupuncture	You pay \$0 for 15 combined acupuncture or chiropractic office visits per year. Services may require authorization.	You pay \$0 for 15 combined acupuncture or chiropractic office visits per year. Services may require authorization.
Annual Wellness Visit and Physical Exam Reward	\$25 reward for an annual wellness visit or physical exam	\$25 reward for an annual wellness visit or physical exam
Chiropractic Office Visits	You pay \$0 for 15 combined acupuncture or chiropractic office visits per year. Prior authorization and a referral may be required.	You pay \$0 for 15 combined acupuncture or chiropractic office visits per year. Prior authorization and a referral may be required
Fitness Benefit*	\$0 copay for Silver&Fit® membership This includes access to gyms, at home kits, or digital workout videos	\$0 copay for Silver&Fit® membership This includes access to gyms, at home kits, or digital workout videos
Flexible Spending Card	\$100 per year on your Healthy Savings card to be used at vision provider offices toward eyewear including frame and lens enhancements	\$100 per year on your Healthy Savings card to be used at vision provider offices toward eyewear including frame and lens enhancements
Nurse Advice Line	\$0	\$0
Over-The-Counter (OTC) Items	You get up to \$55 allowance every three (3) months to purchase Medicare approved OTC items using your Healthy Savings Card at in-store retailers or home delivery	You get up to \$55 allowance every three (3) months to purchase Medicare approved OTC items using your Healthy Savings Card at in-store retailers or home delivery
Worldwide ER & Urgent Care Coverage	\$0 copay for Worldwide Emergency Care or Urgent Services with a limit of \$100,000 coverage outside the U.S. every year	\$0 copay for Worldwide Emergency Care or Urgent Services with a limit of \$100,000 coverage outside the U.S. every year
Emergency Care • United States	\$90 copay If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay	\$90 copay If you are admitted to the hospital within 24 hours, you do not have to pay the emergency copay

*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.

Multi-Language Insert

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 1-866-333-3530. Someone who speaks English/Language 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 1-866-333-3530. 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 1-866-333-3530。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 1-866-333-3530。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 1-866-333-3530. 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 1-866-333-3530. 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 1-866-333-3530 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 1-866-333-3530. 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 1-866-333-3530 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 1-866-333-3530. 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 1-866-333-3530. 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 1-866-333-3530 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 1-866-333-3530. 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 1-866-333-3530.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 1-866-333-3530. 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 1-866-333-3530. 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、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、1-866-333-3530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。