

# 2023 SUMMARY OF BENEFITS

## Commonwealth Care Alliance® Massachusetts

### CCA Senior Care Options (HMO D-SNP)

This is a summary of drug and health services covered by Commonwealth Care Alliance Massachusetts from January 1, 2023 - December 31, 2023.

---

30 Winter Street  
Boston, MA 02108  
H2225\_23\_SB\_M\_R1



# CCA Senior Care Options HMO D-SNP | 2023 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by CCA Senior Care Options. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CCA Senior Care Options. Key terms and their definitions appear in alphabetical order in the last chapter of the **Evidence of Coverage**.

## Table of Contents

A. Disclaimers .....	3
B. Frequently asked questions (FAQ).....	5
C. List of covered services .....	8
D. Benefits covered outside of CCA Senior Care Options .....	23
E. Services that CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover .....	24
F. Your rights as a member of the plan .....	25
G. How to file a complaint or appeal a denied service .....	28
H. What to do if you suspect fraud .....	29



---

**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco).

---

## A. Disclaimers



This is a summary of health services covered by CCA Senior Care Options for January 1, 2023 – December 31, 2023. 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 request the Evidence of Coverage (EOC) by calling 1-866-610-2273 (TTY 711). You can also see the EOC on our website at [www.ccama.org/sco](http://www.ccama.org/sco).

- ❖ CCA Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. Enrollment in the plan depends on contract renewal.
- ❖ **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit [www.mass.gov/estatercovery](http://www.mass.gov/estatercovery).
- ❖ When this document says “we,” “us,” or “our,” it means Commonwealth Care Alliance, Inc. When it says “plan” or “our plan,” it means CCA Senior Care Options.
- ❖ In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- ❖ This information is not a complete description of benefits. Contact Member Services for more information.
- ❖ Benefits may change on January 1, 2024. The List of Covered Drugs (formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ For more information about **Medicare**, you can read the **Medicare & You** handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) 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. For more information about **MassHealth (Medicaid)**, call 1-800-841-2900. TTY users should call 1-800-497-4648.
- ❖ 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 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free.
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What is a Senior Care Options Plan?</b>	A Senior Care Options Plan is a health plan that contracts with both Medicare and MassHealth (Medicaid) ( to provide benefits of both programs to enrollees. It is for people ages 65 and older with Medicare and MassHealth Standard (Medicaid) coverage, and no other comprehensive health insurance. A Senior Care Options Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports (LTSS), and other providers. It also has care partners to help you manage all your providers and services and supports. They all work together to provide the care you need.
<b>What makes CCA Senior Care Options special?</b>	<p>CCA Senior Care Options is offered by Commonwealth Care Alliance, Inc., a nonprofit, innovative care delivery system. We aim to provide the best possible personalized care to adults with complex healthcare needs. We use proven clinical strategies that improve care, within a team-based approach to care and look for new and better ways to provide high quality primary care and support services. Our members have a voice in the decisions affecting their care. Our clinical teams work with members, their families, and caregivers. Our goal is to help members enjoy the best possible quality of life through better health and greater independence.</p> <p>Some special features of the program include:</p> <ul style="list-style-type: none"><li>• Individualized care plans to address your care needs</li><li>• The ability to receive care and support services in your own community</li><li>• Flexibility to remain at home with needed care and supports</li><li>• 24 hours a day, 7 days a week access to clinical staff</li><li>• Active involvement in care decisions by you and your appointed representative</li><li>• A centralized record of your health and medical information</li></ul>



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

Frequently Asked Questions	Answers
<p><b>Will I get the same Medicare and MassHealth Standard (Medicaid) benefits in CCA Senior Care Options that I get now?</b></p>	<p>You will get your covered Medicare and MassHealth Standard (Medicaid) benefits directly from CCA Senior Care Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You may also get other benefits the same way you do now, directly from a Massachusetts State Agency like the Department of Mental Health or the Department of Developmental Services.</p> <p>When you enroll in CCA Senior Care Options, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that CCA Senior Care Options does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for CCA Senior Care Options to cover your drug if medically necessary. For more information, call Member Services.</p>
<p><b>Can I use the same doctors I use now?</b></p> <p><b>Continues on next page</b></p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other healthcare providers) work with CCA Senior Care Options and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in the CCA Senior Care Options network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> </ul>

Frequently Asked Questions	Answers
<p><b>Can I use the same doctors I use now? (continued)</b></p>	<ul style="list-style-type: none"> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the CCA Senior Care Options plan.</li> </ul> <p>To find out if your healthcare providers are in the plan's network, call Member Services. You can also read the CCA Senior Care Options Provider and Pharmacy Directory on our website: <a href="http://www.ccama.org/sco">www.ccama.org/sco</a></p> <p>If CCA Senior Care Options is new for you, we will work with you to develop a care plan to address your needs.</p>
<p><b>What is a CCA Senior Care Options care partner?</b></p>	<p>A CCA Senior Care Options care partner is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>
<p><b>What are long-term services and supports (LTSS)?</b></p>	<p>Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>
<p><b>What is a geriatric support services coordinator (GSSC)?</b></p>	<p>A CCA Senior Care Options GSSC is a person for you to contact and have on your care team who is an expert in home and community-based services and supports. This person helps you get services that help you live independently in your home.</p>
<p><b>What happens if I need a service but no one in the CCA Senior Care Options network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CCA Senior Care Options will pay for the cost of an out-of-network provider.</p>



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

Frequently Asked Questions	Answers
<p><b>Where is CCA Senior Care Options available?</b></p>	<p>The service area for this plan includes: Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties in Massachusetts. You must live in of these counties to join the plan.</p> <p>We do not currently service Barnstable, Berkshire, Dukes, or Nantucket counties.</p>
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means an approval in advance from CCA Senior Care Options to get certain services or certain drugs.</p> <ul style="list-style-type: none"> <li>• Some in-network medical services are covered only if your doctor or other network provider gets “prior authorization” from our plan. Covered services that need prior authorization are marked in the Benefits Chart in Chapter 4 of the <b>Evidence of Coverage</b>.</li> <li>• Some drugs are covered only if your doctor or other network provider gets “prior authorization” from us. Covered drugs that need prior authorization are marked in the <b>List of Covered Drugs (formulary)</b>.</li> </ul> <p>CCA Senior Care Options may not cover the service, procedure, item, or drug if you don't get the required prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> CCA Senior Care Options can provide you or your provider with a list of services or procedures that require you to get prior authorization from CCA Senior Care Options before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, please call Member Services at 866-610-2273 (TTY 711).</p>

Frequently Asked Questions	Answers
<b>Do I pay a monthly amount (also called a premium) under CCA Senior Care Options?</b>	No. Because you have MassHealth Standard (Medicaid), you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of CCA Senior Care Options?</b>	No. You do not pay deductibles in CCA Senior Care Options.
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of CCA Senior Care Options?</b>	There are no copays (cost sharing) for medical services in CCA Senior Care Options, so your annual out-of-pocket costs will be \$0.

### C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b> Continued on next page	Hospital stay	\$0	There is no coverage limit to this benefit.  Prior authorization is required, except for inpatient substance use disorder and emergency admissions.

\*You have to continue to pay your Medicare Part B premium unless your Part B premium is paid for you by MassHealth.



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care (continued)</b>	Doctor or surgeon care	\$0	Prior authorization is not required for services provided by a contracted provider, except for certified ambulatory surgical centers, non-routine dental care, and services provided by out-of-network providers.
	Outpatient hospital services, including observation	\$0	Prior authorization is required for outpatient surgery. Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization. Observation during your stay in a hospital does not require prior authorization.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization is required.
<b>You want a doctor</b>   <b>Continued on next page</b>	Visits to treat an injury or illness	\$0	Prior authorization is not required.
	Specialist care	\$0	Prior authorization is not required for services provided by a contracted provider. Prior authorization is required for certified ambulatory surgical centers, non-routine dental care, and services provided by out-of-network providers.
	Wellness visits, such as physical	\$0	Prior authorization is not required.

<b>Health need or concern</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>You want a doctor (continued)</b>	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Prior authorization is not required.
	"Welcome to Medicare" (preventive visit one time only)	\$0	Prior authorization is not required.
<b>You need emergency care</b>	Emergency room services	\$0	<p>Emergency services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Our plan also covers emergency services, including emergency transportation, and urgently needed care, outside the United States and its territories up to one hundred thousand dollars (\$100,000) per calendar year. You pay \$0 as a member of the CCA Senior Care Options plan. This is a supplemental benefit covered under our plan. For more information about emergency care, please call Member Services.</p> <p>Prior authorization is not required.</p>
<b>Continued on next page</b>			



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need emergency care (Continued)</b></p>	<p>Urgent care</p>	<p>\$0</p>	<p>Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</p> <p>Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories up to one hundred thousand dollars (\$100,000) per calendar year. You pay \$0 as a member of the CCA Senior Care Options plan. This is a supplemental benefit covered under our plan. For more information about urgently needed care, please call Member Services.</p> <p>Prior authorization is not required.</p>
<p><b>You need medical tests</b></p>	<p>Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p> <p>Lab tests and diagnostic procedures, such as blood work</p>	<p>\$0</p> <p>\$0</p>	<p>Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization.</p> <p>Prior authorization may be required for outpatient diagnostic tests and therapeutic services and supplies. For example, specialized imaging and specialized screening tests may require a prior authorization.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization is not required for routine hearing exams, evaluations, repairs and replacements provided by a network provider.
	Hearing aids	\$0	Prior authorization is required for hearing aids costing more than \$500 per ear per year. Contact Member Services for help setting up an appointment with NationsHearing or to learn more about hearing aid benefits.
You need dental care	Dental check-ups and preventive care	\$0	Prior authorization is not required.
	Restorative and emergency dental care	\$0	Prior authorization may be required. For more information about restorative and emergency dental care benefits, call Member Services or see the <b>Evidence Coverage</b> , Chapter 4.
You need eye care	Eye exams	\$0	Prior authorization is not required.
	Eye lenses	\$0	Prior authorization is not required for one set of base lenses (single, bifocal, trifocal) per year. To learn more about your eyewear benefits, call Member Services
	Glasses or contact lenses	\$0	Prior authorization is not required for prescription eyewear up to \$300. Prior authorization is required for any eyewear beyond the \$300 limit. Services must be provided by a network provider. To learn more about your eyewear benefits, call Member Services.
	Other vision care	\$0	Prior authorization may be required.



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a behavioral health condition</b></p>	Behavioral health services	\$0	Prior authorization is not required.
	Inpatient and outpatient care and community-based services for people who need behavioral healthcare	\$0	<p>Prior authorization is required for inpatient care, except for inpatient substance use and emergency admissions.</p> <p>Prior authorization is not required except for neuropsychological testing, psychological testing, electroconvulsive therapy, and transcranial magnetic stimulation.</p>
<p><b>You have a substance use disorder</b></p>	Substance use disorder services	\$0	Prior authorization is not required.
<p><b>You need a place to live with people available to help you</b></p>	Skilled nursing care	\$0	Each benefit period, you are covered for up to 100 days for skilled nursing. Your stay is unlimited for long-term care. No prior hospital stay is required. Prior authorization is required.
	Nursing home care	\$0	Prior authorization is required.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization is required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization is required.
<b>You need help getting to health services</b>	Ambulance services	\$0	Prior authorization is not required, except for non-emergency ambulance services.
	Emergency transportation	\$0	Prior authorization is not required.
	Transportation to medical appointments and services	\$0	Prior authorization is not required, except for medical marijuana. Limitations apply. Please refer to “additional services” below for information about transportation to non-medical destinations.  Please contact Member Services for help setting up medical or non-medical transportation.
<b>You need drugs to treat your illness or condition</b>  <b>Continued on next page</b>	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your healthcare provider in their office, some oral cancer drugs, and some drugs used with certain medical equipment.  Prior authorization may be required.



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Generic drugs (no brand name)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see the CCA Senior Care Options <b>List of Covered Drugs</b> (Drug List/formulary) for more information.</p> <p>You pay \$0 for a 31-day supply, mail-order, or extended day supply (up to 90 days). Extended day supplies are available at both retail and mail order pharmacy locations.</p>
	<p>Brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see the Senior Care Options Program <b>List of Covered Drugs</b> (Drug List/formulary) for more information.</p> <p>You pay \$0 for a 31-day supply, mail-order or extended day supply (up to 90 days). Extended day supplies are available at both retail and mail order pharmacy locations.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see the CCA Senior Care Options <b>List of Covered Drugs</b> (Drug List/formulary) for more information.</p>
<p><b>You need help getting better or have special health needs</b></p>	<p>Rehabilitation services, including Supervised Exercise Therapy (SET)</p>	<p>\$0</p>	<p>Prior authorization is required.</p>
<p><b>Continued on next page</b></p>	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>Prior authorization may be required. Limitations may apply. For more information about durable medical equipment and related supplies, please call Member Services.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Dialysis services	\$0	Prior authorization is not required for services provided by a contracted provider or for dialysis provided by an out-of-network provider when you are temporarily out of the service area.
You need foot care	Podiatry services	\$0	Prior authorization is not required for services provided by a contracted provider.  Prior authorization is required for podiatric surgery and podiatry services provided in a nursing home.
	Orthotic services	\$0	Prior authorization may be required. For more information about durable medical equipment and orthotics, call Member Services.



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Member Services.</p>	Wheelchairs, crutches, and walkers	\$0	Limits may apply to certain DME. Prior authorization may be required.
	Nebulizers	\$0	Limits may apply to certain DME. Prior authorization is not required.
	Oxygen equipment and supplies	\$0	Limits may apply to certain DME. Prior authorization may be required.
<p><b>You need help living at home</b></p>	Home health services	\$0	Prior authorization is required.
<p><b>Continued on next page</b></p>	Home services, such as cleaning or housekeeping	\$0	Prior authorization is required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>	Adult day health or other support services	\$0	Prior authorization is required.
	Day habilitation services	\$0	Prior authorization is required.
	Services to help you live on your own (home healthcare services or personal care attendant services)	\$0	Prior authorization is required.
<b>Additional services</b>	Acupuncture services	\$0	The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan. For more information about acupuncture, please call Member Services.
<b>Continued on next page</b>			



If you have questions, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

<b>Health need or concern</b>	<b>Services you may need</b>	<b>Your costs for in-network providers</b>	<b>Limitations, exceptions, &amp; benefit information (rules about benefits)</b>
<b>Additional services (continued)</b>                       <b>Continued on next page</b>	Annual wellness visit reward	\$0	<p>An annual wellness visit or an annual physical exam qualifies for one \$25 reward per year after you've completed the visit. Routine primary care provider (PCP) visits, like a follow-up or sick visit, do not qualify for the reward. To earn this reward, you must have an annual wellness visit or an annual exam and your provider must submit a claim confirming your visit was completed. Either annual visit type is longer than routine PCP visits. During an annual wellness visit or an annual exam, you and your provider will review your overall health in detail. After you complete your qualifying exam and your provider bills us (the health plan), a reward will be loaded to your Healthy Savings card.</p>
	Chiropractic services	\$0	<p>The plan covers 36 visits per calendar year unless authorized differently in your Individualized Care Plan.</p>
	Diabetes supplies and services	\$0	<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. You can obtain a new glucometer and test strips by requesting a new prescription from your provider to fill at your local pharmacy.</p> <p>Prior authorization is not required for diabetes self-management training, diabetic services, and other diabetic supplies provided by a network provider.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Prosthetic services	\$0	Prior authorization may be required. For more information about prosthetic devices and care, call Member Services.
	Radiation therapy	\$0	Prior authorization may be required. For more information about radiation therapy, call Member Services.
	Services to help manage your disease	\$0	Prior authorization may be required. For more information about help with chronic conditions and health and wellness education programs, call Member Services.
	Palliative care program	\$0	Palliative care is care that aims to improve the quality of life for people living with a serious illness. Prior authorization is not required for services provided by the plan's palliative care program or from a network provider.
	Hospice care	\$0	You are eligible for the hospice benefit when your healthcare provider and the hospice medical director have given you a terminal prognosis certifying that you're terminally ill and have 6 months or less to live if your illness runs its normal course.  Prior authorization is not required for services provided by a hospice organization in Massachusetts or by a network provider.
<b>Continued on next page</b>	Non-medical transportation	\$0	Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping. You must cancel rides with at least 2 hours' notice, or the scheduled ride will count against your eight one-way non-medical trips per month. Mile limitations apply.  Prior authorization is required. Please contact Member Services for help setting up a non-medical trip.



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	CCA Healthy Savings card to purchase certain Medicare-approved over-the-counter (OTC) items and healthy food	\$0	<p>You receive a CCA Healthy Savings card with an allowance of \$285 every calendar quarter (every three months) to purchase healthy foods and/or Medicare-approved over-the-counter items such as hand sanitizer, masks, first aid supplies, toothbrushes, and cold medicine without a prescription at in-network retailers.</p> <p><b>Members without chronic illness</b> can only use the Healthy Savings card towards the purchase of Medicare-approved over-the-counter items at in-network retailers.</p> <p><b>Members with chronic illnesses</b> can use the Healthy Savings card for the purchase of healthy foods at in-network retailers.</p> <p>Prior authorization is not required for covered Medicare-approved over-the-counter items purchased from an in-network retailer.</p>
<b>Continued on next page</b>	Wellness allowance	\$0	The plan reimburses you up to \$250 each calendar year towards your cost for membership in a qualified health club or fitness facility, covered instructional fitness classes, participation in wellness programs, memory fitness activities, an activity tracker (e.g. Fitbit, Apple watch, etc.), weight management programs, and fitness equipment.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Help with chronic conditions	\$0	<p>Members with chronic conditions may qualify for:</p> <ul style="list-style-type: none"> <li>- A food and produce allowance through their CCA Healthy Savings card</li> <li>- Identity theft protection</li> </ul> <p>Chronic diseases are generally conditions that require ongoing medical attention or limit activities of daily living. The condition is diagnosed by a licensed medical professional, including your primary care provider, nurse practitioner, and similar providers.</p> <p>For more information, please call Member Services.</p>
	Telehealth (virtual care)	\$0	<p>You have the option of getting certain services by telehealth, including: urgently needed services; home health services; primary care provider services; occupational therapy services; individual sessions for behavioral health specialty services; other healthcare professional; individual sessions for psychiatric services; physical therapy and speech language pathology services; individual sessions for outpatient substance use</p> <p>For more information, please call Member Services.</p>



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

---

## D. Benefits covered outside of CCA Senior Care Options

There are some services that you can get that are not covered by CCA Senior Care Options but are covered by Medicare, MassHealth (Medicaid), or a Massachusetts State Agency. This is not a complete list. Call Member Services to find out about these services.

<b>Other services covered by Medicare, MassHealth, or a Massachusetts State Agency</b>	<b>Your costs</b>
Medicare-approved clinical research study	\$0
Experimental medical and surgical procedures, equipment, and medications	\$0 May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan.
Certain hospice care services covered outside of CCA Senior Care Options	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

---

## E. Services that CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover
Services that you get without prior authorization when prior authorization is required (The benefits chart in Chapter 4 of the <b>Evidence of Coverage</b> tells which services require prior authorization.)
Naturopath services (uses natural or alternative treatments)
E-cigarettes
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Routine services provided outside of the service area



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)



---

## Services that CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services CCA Senior Care Options, Medicare, and MassHealth (Medicaid) do not cover
Services that you get without prior authorization when prior authorization is required (The benefits chart in Chapter 4 of the <b>Evidence of Coverage</b> tells which services require prior authorization.)
Naturopath services (uses natural or alternative treatments)
E-cigarettes
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Routine services provided outside of the service area

---

## F. Your rights as a member of the plan

As a member of CCA Senior Care Options, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your healthcare services. We will tell you about your rights at least once a year. For more information on your rights, please read the **Evidence of Coverage**. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

- Get information in a way that works for you (in languages other than English, in braille, in large print, or other alternate formats, etc.) free of charge
- Be free from any form of physical restraint or seclusion
- **You have the right to get information about your healthcare, the plan, your covered services, our practitioners and providers, and your rights and responsibilities as a member.** This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
  - Description of the services we cover, information about why something is not covered and what you can do about it, and the rules you must follow when using your coverage
  - How to get services
  - How much services will cost you; You pay \$0 as a member of CCA Senior Care Options
  - Names of healthcare providers and information about providers, including network pharmacies
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP). You can change your PCP at any time during the year
  - See a women's healthcare provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Participate fully in decisions with your doctors about what treatment is best for you
  - Refuse treatment, even if your healthcare provider advises against it
  - Stop taking medicine, even if your healthcare provider advises against it
  - Ask for a second opinion. CCA Senior Care Options will pay for the cost of your second opinion visit
  - Give instructions about what is to be done if you are not able to make medical decisions for yourself

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a healthcare provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your healthcare providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - See an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** We must protect the privacy of your personal health information. This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Know how the information in your records has been shared with others
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for a state fair hearing



---

**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

- Get a detailed reason for why services were denied
- Ask our plan to make a coverage decision for you
- Make an appeal to us to change a coverage decision

For more information about your rights call Member Services.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 339-224-6831).

---

## **G. How to file a complaint or appeal a denied service**

If you have a complaint or think CCA Senior Care Options should cover something we denied, call Member Services at 866-610-2273 (TTY: 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call CCA Senior Care Options Member Services at 1-866-610-2273 (TTY 711).



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

---

## H. What to do if you suspect fraud

Most healthcare professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a healthcare provider, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at CCA Senior Care Options Member Services at 866-610-2273 (TTY 711).
- Or, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



**If you have questions**, please call CCA Senior Care Options at 866-610-2273 (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, and 8 am to 6 pm, Saturday and Sunday.) The call is free. **For more information**, visit [www.ccama.org/sco](http://www.ccama.org/sco)

**If you have general questions or questions about our plan, services, service area, billing, or member ID cards, please call CCA Senior Care Options Member Services:**

866-610-2273 (TTY 711)

Calls to this number are free. Member Services also has free interpreter services available.

April 1 to September 30: 8 am to 8 pm, Monday to Friday and 8 am to 6 pm, Saturday to Sunday. October 1 to March 31: 8 am to 8 pm, 7 days a week

**If you have questions about your health:**

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call our plan's Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. The number for the Nurse Advice Line is 866-610-2273 (TTY 711).

Calls to this number are free. Free interpreter services are available.

Available 24 hours a day, 7 days a week.

**If you need immediate behavioral healthcare, please call the Nurse Advice Line to speak to a behavioral health clinician:**

866-610-2273 (TTY 711)

Calls to this number are free. Free interpreter services are available.

Available 24 hours a day, 7 days a week.

## 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 1-866-610-2273. 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 1-866-610-2273. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费<sup>的</sup>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 1-866-610-2273。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 1-866-610-2273。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 1-866-610-2273. 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 1-866-610-2273. 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 1-866-610-2273 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 1-866-610-2273. 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 1-866-610-2273 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 1-866-610-2273. 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 1-866-610-2273. 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 1-866-610-2273 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 1-866-610-2273. 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 1-866-610-2273.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 1-866-610-2273. 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 1-866-610-2273. 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、1-866-610-2273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。