# CCA Medicare Maximum (HMO D-SNP) offered by CCA Health Michigan, Inc.

# Annual Notice of Changes for 2024

You are currently enrolled as a member of CCA Medicare Maximum. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

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

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**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 2024 "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 2024* 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, 2023, you will stay in CCA Medicare Maximum.
   - To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024.** This will end your enrollment with CCA Medicare Maximum.
   - Look in section 3, page 18 to learn more about your choices.
   - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## Additional Resources

- Please contact our Member Services number at 855-959-5855 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm EST, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm EST, Monday to Friday). This call is free.
- **You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio.**
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

## About CCA Medicare Maximum

- CCA Medicare Maximum (HMO D-SNP) is a health plan with a Medicare contract and a contract with the State Medicaid program. Enrollment depends on contract renewal. The plan also has a written agreement with the Michigan Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means CCA Health Michigan, Inc. When it says "plan" or "our plan," it means CCA Medicare Maximum.

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OMB Approval 0938-1051 (Expires: February 29, 2024)

# Annual Notice of Changes for 2024
# Table of Contents

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CCA Medicare Maximum in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium*** <br>* Your premium may be higher than this amount. See Section 1.1 for details. | $0 | $0 |
| **Doctor office visits** | Primary care visits: $0 copayment per visit <br>Specialist visits: $0 copayment per visit | Primary care visits: $0 copayment per visit <br>Specialist visits: $0 copayment per visit |
| **Inpatient hospital stays** | $0 copayment per stay | $0 copayment per stay |
| **Part D prescription drug coverage** <br>(See Section 1.5 for details.) | Deductible: $0 <br>Copayment during the Initial Coverage Stage: <br>• Drug Tier 1: $0 <br>• Drug Tier 2: $0 <br>• Drug Tier 3: $0 <br>• Drug Tier 4: $0 <br>• Drug Tier 5: $0 <br>Catastrophic Coverage: <br>• During this payment stage, the plan pays most of the cost for your covered drugs | Deductible: $0 <br>Copayment during the Initial Coverage Stage: <br>• Drug Tier 1: $0 <br>• Drug Tier 2: $0 <br>• Drug Tier 3: $0 <br>• Drug Tier 4: $0 <br>• Drug Tier 5: $0 <br>Catastrophic Coverage: <br>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | $0<br><br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services | $0<br><br>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services<br><br>**No change** |

# SECTION 1 Changes to Benefits and Costs for Next Year

## Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | $0 | $0<br>**No change** |

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

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>**Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.<br><br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $0 | $0<br>Once you have paid $0 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.<br><br>**No change** |

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website www.ccahealthmi.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network**.

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

## Section 1.4 – Changes to Benefits and Costs for Medical Services

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

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Worldwide Coverage** | Not covered | You pay a $0 copayment for worldwide emergency services<br><br>You pay a $0 copayment for worldwide urgent care services<br><br>You pay a $0 copayment for worldwide emergency transportation<br><br>There is a maximum coverage limit of $100,000 per contract year |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Podiatry Services** | You pay a $0 copayment for up to five (5) routine podiatry visits per year | You pay a $0 copayment for up to 12 routine podiatry visits per year |
| **Over the Counter (OTC) Items** | You pay $0 for covered items up to $600 per quarter (every three (3) months) | You pay $0 for covered items up to $750 per quarter (every three (3) months)<br><br>Nicotine Replacement Therapy (NRT) is covered under the OTC benefit<br><br>See Evidence of Coverage for full details |
| **Vision Care** | $300 Visa card that can be used towards routine eye exams, eyeglass lenses, frames, contact lenses, and eyewear upgrades per plan year | Healthy Savings card is loaded with $550 per year that can be used towards routine eye exams, eyeglass lenses, frames, contact lenses, and eyewear upgrades per plan year. See Evidence of Coverage for full details |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Hearing Aids** | We cover the following through NationsHearing:<br>• Hearing aids: Up to $2,000 toward the cost of up to two hearing aids (1 per ear) every year. You are responsible for any remaining cost after the plan's benefit maximum ($2,000) is applied<br><br>Over-the-Counter hearing aids are not covered under the hearing aid benefit<br><br>See Evidence of Coverage for full details | We cover the following through NationsHearing:<br>• Hearing aids: Up to $1,500 toward the cost of up to two hearing aids (1 per ear), every year. You are responsible for any remaining cost after the plan's benefit maximum ($1,500) is applied<br><br>Over-the-Counter hearing aids are available under the routine hearing aid benefit up to the maximum amount of $1,500 through NationsHearing<br><br>See Evidence of Coverage for full details |
| **Medicare Part B Rx Drugs and Home Infusion Drugs** | Medicare Part B Rx Drugs: You are not subject to step therapy | Medicare Part B Rx Drugs: You are subject to step therapy |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Prior Authorization (PA)** | The following benefits do not require PA:<br>• Cardiac and Pulmonary Rehabilitation Services<br>• Mental Health Specialty Services<br>• Outpatient Hospital Services<br>• Ambulatory Surgical Center (ASC) Services<br>• Outpatient Blood Services<br>• Dialysis Services<br><br>The following benefits require PA:<br>• Partial Hospitalization<br>• Specialist | The following benefits require PA:<br>• Cardiac and Pulmonary Rehabilitation Services<br>• Mental Health Specialty Services<br>• Outpatient Hospital Services<br>• Ambulatory Surgical Center (ASC) Services<br>• Outpatient Blood Services<br>• Dialysis Services<br><br>The following benefits do not require PA:<br>• Partial Hospitalization<br>• Specialist |
| **Special Supplementary Benefits for the Chronically Ill** | This benefit is not covered | Qualifying members with a chronic illness are eligible for Identity Theft Insurance. Not all members qualify.[1] |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Dental Services** | Prior authorization is required for the following services:<br>• Diagnostic Services<br>• Restorative Services<br>• Endodontics Services<br>• Periodontics Services<br>• Extractions Services<br>• Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services | Prior authorization is not required |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Healthy Savings Card** | You receive a CCA Healthy Savings card with an allowance of $600 each calendar quarter (every three months) to purchase Medicare-approved OTC items such as hand sanitizer, masks, first aid supplies, dental care, cold symptom supplies, and others at in-network retailers<br><br>Qualifying members with a chronic illness may use the Healthy Savings card for the purchase of healthy foods similar to the Supplemental Nutrition Assistance Program (SNAP) benefit at in-network retailers.[1]<br><br>Qualifying members receive a $50 flex card every month towards verified utility payments<br><br>Qualifying members receive a $100 allowance per year towards the purchase of sneakers. [1]<br><br>See Evidence of Coverage for full details | You receive a CCA Healthy Savings card with an allowance of $750 each calendar quarter (every three months) to purchase CCA-approved OTC items such as hand sanitizer, masks, first aid supplies, dental care, cold symptom supplies, and others at in-network retailers<br><br>Qualifying members with a chronic illness may use the quarterly OTC allowance on the Health Savings card for the purchase of food at in-network retailers. Not all members qualify. [1]<br><br>Qualifying members with a chronic illness may use the quarterly OTC allowance on the Health Savings card for utilities payments, such as gas, electric, and internet/cable. Not all members qualify. [1]<br><br>Qualifying members with a chronic illness receive a $100 allowance per year on the Healthy Savings card towards the purchase of sneakers. Not all members qualify [1]<br><br>See Evidence of Coverage for full details |

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

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically. **You can get the *complete* "Drug List"** by calling Member Services (see the back cover) or visiting our website (www.ccahealthmi.org).

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

If you receive "Extra Help" to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you.

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

## Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (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 | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**<br>Most adult Part D vaccines are covered at no cost to you. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br>**Tier 1 (Preferred Generic):**<br>You pay $0 prescription<br>**Tier 2 (Generic):**<br>You pay $0 prescription<br>**Tier 3 (Preferred Brand):**<br>You pay $0 prescription<br>**Tier 4 (Non-Preferred Brand):**<br>You pay $0 prescription<br>**Tier 5 (Specialty Drugs):**<br>You pay $0 prescription<br>_____ | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br>**Tier 1 (Preferred Generic):**<br>You pay $0 prescription<br>**Tier 2 (Generic):**<br>You pay $0 prescription<br>**Tier 3 (Preferred Brand):**<br>You pay $0 prescription<br>**Tier 4 (Non-Preferred Brand):**<br>You pay $0 prescription<br>**Tier 5 (Specialty Drugs):**<br>You pay $0 prescription<br>_____ |

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage (continued)**<br>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*.<br>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 $4,660, you will move to the next stage (the Coverage Gap Stage) | Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage) |

### Changes to your VBID Part D Benefit

In 2024, CCA Medicare Maximum will participate in the Center for Medicare & Medicaid Services (CMS) Value-Based Insurance Design (VBID) model. The VBID Part D program allows us to eliminate your cost sharing for Part D drugs. You pay $0 per prescription regardless of your level of Extra Help.

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**.

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

# SECTION 2 Deciding Which Plan to Choose

## Section 2.1 – If you want to stay in CCA Medicare Maximum

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

## Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

### Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 6.2).

As a reminder, CCA Health Michigan, Inc. offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

**Step 2: Change your coverage**

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

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

## SECTION 3 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, 2024.

**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.

Because you have [Michigan Medical Assistance program (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

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

## SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MMAP 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 MMAP at 1-800-803-7174. You can learn more about Michigan Medicare/Medicaid Assistance Program (MMAP) by visiting their website (www.mmapinc.org).

For questions about your Michigan Medicaid benefits, contact the Michigan Department of Community Health Medical Services Administration at 1-800-642-3195, Monday through Friday from 8:00 am to 7:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.

## SECTION 5 Programs That Help Pay for Prescription Drugs

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

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

- Your State Medicaid Office (applications).

- **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 Michigan Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 888-826-6565.

# SECTION 6 Questions?

## Section 6.1 – Getting Help from CCA Medicare Maximum

Questions? We're here to help. Please call Member Services at 833-959-5855 (TTY only, call 711.) We are available for phone calls 8 am to 8 pm EST, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm EST, Monday to Friday, and 8 am to 6 pm EST.) Calls to these numbers are free.

**Read your *2024 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 2024. For details, look in the *2024 Evidence of Coverage* for CCA Medicare Maximum. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.ccahealthmi.org. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

**Visit our Website**

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

## Section 6.2 – 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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Section 6.3 – Getting Help from Medicaid

To get information from Michigan Medicaid you can call the Michigan Department of Community Health Medical Services Administration at 1-800-642-3195. **TTY users should call 711**.

## Notice of Nondiscrimination

CCA Health Michigan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, 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. CCA Health Michigan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Member Services.

If you believe that CCA Health Michigan has failed to provide these services or discriminated in another way based on 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, you can file a grievance with:

CCA Health Michigan, Inc.
Civil Rights Coordinator
30 Winter Street
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711) Fax: 857-453-4517
Email: civilrightscoordinator@commonwealthcare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

## 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 1-855-959-5855 (TTY 711). Someone who speaks English 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 1-855-959-5855 (TTY 711). 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 1-855-959-5855 (TTY 711) 。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 1-855-959-5855 (TTY 711) 。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 1-855-959-5855 (TTY 711). 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 1-855-959-5855 (TTY 711). 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 quí vị cần thông dịch viên xin gọi 1-855-959-5855 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-959-5855 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-959-5855 (TTY 711) 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 1-855-959-5855 (телетайп 711). 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 1-855-959-5855 (رقم هاتف الصم والبكم 711). 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 1-855-959-5855 (TTY 711) 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 1-855-959-5855 (TTY 711). 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 1-855-959-5855 (TTY 711). 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 1-855-959-5855 (TTY 711). 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 1-855-959-5855 (TTY 711). 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 に、無料の通訳サービスがありますございます。通訳をご用命になるには、
1-855-959-5855 (TTY 711) 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。

**Gujarati:** અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-855-959-5855 (TTY 711) પર કૉલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

**Lao/Laotian:**
ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄຳຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໂທຫາພວກເຮົາທີ່ເບີ 1-855-959-5855 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສັຍຄ່າ.

**Cambodian:** យើងមានសេវាបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំនួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬថ្នាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់
សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-855-959-5855 (TTY 711) ។
នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។
នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។