




Your key 2026 CCA One Care (HMO D-SNP) benefits

This is not a complete listing of benefits. For a complete list, please refer to the Member Handbook.

CCA One Care (HMO D-SNP) – In-network	
 Premiums and deductibles	
Monthly premium ¹	\$0
Medical deductible	\$0
Annual prescription (Part D) deductible	\$0
Maximum out-of-pocket costs	\$0
 Office visits	
Primary care visit	\$0 copay
Specialist visit ²	\$0 copay
Routine eye exam	\$0 copay 1 visit per year
Routine hearing exam	\$0 copay 1 visit per year
Therapy (Physical, Occupational, and Speech) ²	\$0 copay
 Inpatient/outpatient services	
Hospital stays ² (copay per day)	\$0 copay
Skilled nursing facility ² (copay per day)	\$0 copay

¹ You must continue to pay your Medicare Part B premium, unless it's being paid on your behalf by MassHealth (Medicaid).

² Certain restrictions may apply. Contact the plan for more information.



To learn more or enroll, call 855-210-1892 (TTY 711), 8 am – 8 pm, Monday – Friday, April 1 – September 30; 8 am – 8 pm, 7 days a week, October 1 – March 31.

Or visit ccama.org/one-care.

CCA One Care (HMO D-SNP) – In-network



Inpatient/outpatient services (continued)

Outpatient surgery ²	\$0 copay
Diagnostic radiology services ² (e.g., MRI, CAT scan)	\$0 copay
Lab services ²	\$0 copay
Outpatient x-rays ²	\$0 copay
Ground ambulance ²	\$0 copay
Emergency room	\$0 copay
Urgent care	\$0 copay
 Drug coverage	
Drug tier	31-day supply
Tier 1 (Medicare Part D drugs) ³	\$0 copay
 Dental benefits	
Preventive dental services	\$0 copay, including 4 cleanings per year, fluoride treatments, and X-rays
Comprehensive dental service ²	\$0 copay for comprehensive services, including dentures, crowns, and root canals

² Certain restrictions may apply. Contact the plan for more information.

³ Drugs on the CCA formulary have \$0 copays. This also includes over-the-counter drugs on the MassHealth (Medicaid) list.

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Additional benefits

Routine eyewear	\$75 every two years for routine eyewear, including frames or contact lenses
Hearing	\$0 routine exam and hearing aid coverage, including one hearing aid per ear every 60 months, up to \$500
Teladoc Health	\$0 copay for 24/7 urgent, general medical services
Transportation (non-emergent medical)²	Unlimited rides to medical appointments (50-mile radius)

² Certain restrictions may apply. Contact the plan for more information.

CCA One Care (HMO D-SNP) is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 21 - 64 who qualifies for MassHealth Standard or CommonHealth and Original Medicare and does not have any other comprehensive health insurance, except Medicare.

Commonwealth Care Alliance®, 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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 866-610-2273 (TTY 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 866-610-2273 (TTY 711).

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.

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