

## Your key 2027 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 benefits                                                                               |                                    |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|  <b>Premiums and deductibles</b>            |                                    |
| Monthly premium <sup>1</sup>                                                                                                 | \$0                                |
| Medical deductible                                                                                                           | \$0                                |
| Annual prescription (Part D) deductible                                                                                      | \$0                                |
| Maximum out-of-pocket costs                                                                                                  | \$0                                |
|  <b>Office visits</b>                       |                                    |
| Primary care visit                                                                                                           | \$0 copay                          |
| Specialist visit <sup>2</sup>                                                                                                | \$0 copay                          |
| Routine eye exam                                                                                                             | \$0 copay<br>1 visit per 24 months |
| Routine hearing exam                                                                                                         | \$0 copay<br>1 visit per year      |
| Therapy (physical therapy, occupational therapy, speech-language therapy) <sup>2</sup>                                       | \$0 copay                          |
|  <b>Inpatient and Outpatient Services</b> |                                    |
| Hospital stays <sup>2</sup> (copay per day)                                                                                  | \$0 copay                          |
| Skilled nursing facility <sup>2</sup> (copay per day)                                                                        | \$0 copay                          |

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

<sup>2</sup> 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](https://ccama.org/one-care).**

## CCA One Care (HMO D-SNP) — In-network benefits



### Inpatient/outpatient services (continued)

|                                                                     |           |
|---------------------------------------------------------------------|-----------|
| Outpatient surgery <sup>2</sup>                                     | \$0 copay |
| Diagnostic radiology services <sup>2</sup><br>(e.g., MRI, CAT scan) | \$0 copay |
| Lab services <sup>2</sup>                                           | \$0 copay |
| Outpatient x-rays <sup>2</sup>                                      | \$0 copay |
| Ground ambulance <sup>2</sup>                                       | \$0 copay |
| Emergency room                                                      | \$0 copay |
| Urgent care                                                         | \$0 copay |



### Drug coverage

| Drug tier                      | 31-day supply |
|--------------------------------|---------------|
| Tier 1 (Medicare Part D drugs) | \$0 copay     |



### Dental benefits

|                                            |                                                                                   |
|--------------------------------------------|-----------------------------------------------------------------------------------|
| Preventive dental services                 | \$0 copay, including 4 cleanings per year, fluoride treatments, and X-rays        |
| Comprehensive dental services <sup>2</sup> | \$0 copay for comprehensive services, including dentures, crowns, and root canals |

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## CCA One Care (HMO D-SNP) — In-network benefits



### Additional benefits

|                                                                |                                                                                                                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Routine eyewear                                                | \$75 every two years for routine eyewear, including frames or contact lenses                                                                                                                   |
| Hearing aid coverage                                           | One hearing aid per ear every 60 months, up to \$500                                                                                                                                           |
| Teladoc Health                                                 | \$0 copay for 24/7 urgent, general medical services                                                                                                                                            |
| Transportation (medical and non-emergent medical) <sup>2</sup> | Unlimited rides to medical appointments and 10 non-emergent, non-medical rides per month (50-mile radius)                                                                                      |
| Long-Term Services and Supports (LTSS)                         | If approved, LTSS includes services like personal care, home health assistance, and some community-based support to help individuals with daily activities and maintain their quality of life. |

<sup>2</sup> 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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 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), Monday through Friday, 8 am to 8 pm Eastern Time, and from October 1 to March 31, the same hours, seven days a week. The call is free.

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