

CCA ONE CARE (HMO D-SNP) offered by Commonwealth Care Alliance, Inc.

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.ccama.org. One Care members have \$0 costs. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in other languages.
- You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call 866-610-2273 for additional information. (TTY users should call 711). Hours of operation: 8 am to 8 pm, 7 days a week. The call is free.
- 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, formats that work with screen reader technology, braille, or audio. Call Member Services at 866-610-2273 (TTY 711). Hours of operation: 8 am to 8 pm, 7 days a week. This call is free.
- We will keep your request for alternative formats and special languages on file for future mailings. Please contact Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week to change your preferred language and/or format.

OMB Approval 0938-1444 (Expires: June 30, 2026)



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 1

- **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.

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A. Disclaimers

Limitations and restrictions may apply. This means that you may have to pay for some services and that you need to follow certain rules to have CCA One Care (HMO D-SNP) pay for your services. One Care members have \$0 costs. For more information, call Member Services.

The List of Covered Drugs (“Drug List”), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.

Estate Recovery Awareness: MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) 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 (Medicaid) estate recovery, please visit www.mass.gov/estaterecovery.

CCA One Care (HMO D-SNP) is a health plan 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.

B. Reviewing your Medicare and MassHealth (Medicaid) coverage for next year

It’s important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. You’ll still be in the Medicare and MassHealth (Medicaid) programs as long as you’re eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- MassHealth (Medicaid) options in **Section F2**.



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B1. Information about CCA One Care (HMO D-SNP)

- CCA One Care (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means CCA One Care (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they’ll work for you next year.
Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered services and supplies.
 - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits? One Care members have \$0 cost sharing.
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options? One Care members have \$0 costs.



- **Think about whether you're happy with our plan.**

If you decide to stay with CCA One Care (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in CCA One Care (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.ccama.org. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Acupuncture (Non-Medicare Covered)	Prior Authorization only required after 36 sessions.	Prior Authorization only required after 20 sessions. Prior Authorization not required for acupuncture for substance use disorder.
Chiropractic Care	Prior Authorization only required after 36 sessions.	Prior Authorization only required after 20 sessions.
Community Based Services (This section is continued on the next page)	Our plan also covers community-based services to promote wellness, recovery, self-management of chronic conditions, and independent living. These services may also help you stay out of the hospital or nursing facility. Your Care Team will work with you to decide if these services are right for you and will be in your Individualized Care Plan (ICP). Services include: • Care transitions assistance • Chore services • Community health workers • Companion services • Day services (excludes Adult Day Health)	The following services are provided through CCA: • Care transitions assistance • Community health workers • Medication Management • Peer support/counseling/navigation The following services are not covered, reference Flexible Benefits: • Chore services • Companion services • Home care services (unskilled) • Home delivered meals



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	2025 (this year)	2026 (next year)
Community Based Services (Continued)	• Home care services • Home delivered meals • Home Modifications • Medication Management • Non-medical transportation • Peer support/counseling/navigation • Respite Care	• Home Modifications • Non-medical transportation
Day habilitation services	The plan covers a program of services offered by day habilitation providers if you qualify because you have an intellectual or developmental disability. Prior Authorization is required.	A structured, goal-oriented, active treatment program of medically oriented, therapeutic and habilitation services for individuals with developmental disabilities who need active treatment. Prior authorization is required and must be part of your individualized care plan.



	2025 (this year)	2026 (next year)
Diabetes self-management training, diabetic services and supplies	Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. These products include: Glucometers: FreeStyle Freedom Lite®, Freestyle InsuLinx®, FreeStyle Lite®, FreeStyle Precision Neo®, OneTouch Ultra 2®, OneTouch Ultra Mini®, OneTouch Verio® Flex, OneTouch Verio® IQ, OneTouch Verio® Reflect, Precision Xtra® Test strips: FreeStyle®, FreeStyle InsuLinx®, FreeStyle Lite®, FreeStyle Precision Neo®, OneTouch Ultra®, OneTouch Verio®, Precision Xtra® Blood Glucose, Precision Xtra® Ketone	Our plan contracts with Abbott and Roche, preferred vendors to supply glucometers and test strips to our diabetic members. These products include: Glucometers: Accu-Chek Guide Care®, Accu-Chek Me Care®, FreeStyle Lite®, FreeStyle Freedom Lite®, FreeStyle InsuLinx®, FreeStyle Precision Neo®, Precision Xtra® Test strips: Accu-Chek Aviva Plus®, Accu-Chek SmartView®, Accu-Chek Guide®, FreeStyle®, FreeStyle Lite®, FreeStyle InsuLinx®, FreeStyle Precision Neo®, Precision Xtra Blood Glucose®, Precision Xtra Ketone®
Durable Medical Equipment	Other DME items may be covered, including environmental aids or assistive/adaptive technology. We cover all medically necessary DME that Medicare and MassHealth (Medicaid) usually pay for.	We cover all medically necessary DME that Medicare and MassHealth (Medicaid) pay for. No additional DME items are covered except for those items covered by Medicare and MassHealth (Medicaid).



	2025 (this year)	2026 (next year)
Grocery Shopping and Home Delivery	Prior Authorization is required	Not covered
Hearing Aids	1 hearing aid per ear, every year; up to \$500 per aid.	1 hearing aid per ear, every 60 months; up to \$500 per aid.
Health and wellness education programs (This section is continued on the next page)	The plan covers all health and wellness education programs covered by Medicare and MassHealth (Medicaid). Covered services include but are not limited to: • Smoking and tobacco use cessation (see also “Counseling to stop smoking or tobacco use” earlier in this section) • Access to our Nurse Advice Line, 24 hours a day, 7 days a week (see Chapter 2, Section C for more information on accessing Nurse Advice Line in the Member Handbook) • Health education and living well at home resources (see “Community health center services” in the Member Handbook) • Nutrition education (see also “Community health center services” in the Member Handbook) • Complex Care Self-Management programs for chronic obstructive pulmonary	The plan offers the following services through CCA: • Smoking and tobacco use cessation (see also “Counseling to stop smoking or tobacco use” in the Member Handbook) • Health education and living well at home resources (see “Community health center services” in the Member Handbook) • Kidney disease education services to teach kidney care and help members make informed decision about their care (see “Renal (Kidney) disease services and supplies” in the Member Handbook) • Access to Nurse Advice Line 24 hours a day, 7 days a week For more information or help, please speak to your care team.



	2025 (this year)	2026 (next year)
Health and wellness education programs (Continued)	disease (COPD), diabetes, and heart failure • Kidney disease education services to teach kidney care and help members make informed decision about their care (see also “Renal (Kidney) disease services and supplies” in the Member Handbook) Prior authorization is not required for services provided by a network provider.	
Flexible Benefits (This section is continued on the next page)	Items or services other than Covered Services. Your health plan may cover Flexible Benefits as specified in your Individualized Care Plan (ICP) and to help address needs. Prior authorization may be required	Items and services are limited to the following: • Home Health Aide (unskilled) • Adult Companion • Chore Service • Home-Delivered Meals • Home maker • Laundry • Home Environmental Accessibility Adaptations • Transportation (non-emergent non-medical) You may qualify for the above CCA-defined Flexible Benefits if: (1) there is not an alternative Medicare or



	2025 (this year)	2026 (next year)
Flexible Benefits (Continued)		MassHealth (Medicaid)-covered service, (2) your Individualized Care Plan (ICP) includes the service to help address needs and improve a condition, and (3) the service meets required medical necessity criteria. Prior authorization is required and must be part of your individualized care plan.
Respite (This section is continued on the next page)	The plan covers respite-care services if your primary caregiver needs relief or is going to be unavailable for a short-term basis. These services can be provided in an emergency or be planned in advance. If planned in advance, services might be in your home, or during a shortterm placement in adult foster care, adult day health, nursing facility, assisted living, rest home, or hospital.	Medical respite services delivered in accordance with 130 CMR 458.000 for individuals experiencing homelessness provided post-hospital discharge or hospital emergency department visit for medical or surgical issues or preprocedure for colonoscopies. Post-hospital medical respite services include semiprivate or private room and board; screening, intake and admission; assessment; care planning; case management; health referral and navigation; intensive housing navigation supports; and discharge planning. Pre-procedure medical respite services include private room and board; screening, intake and admission; pre-procedure



	2025 (this year)	2026 (next year)
Respite (Continued)		support services; and discharge planning.
Routine Dental	Implants, limited to 2 anterior implants per arch when needed to support a complete denture. Requires healthy bone to support the implants.	Implants, limited to 2 anterior implants per arch when needed to support a complete denture including applicable gum surgeries and related services is not covered .
Routine Hearing	Exams covered once per calendar year. Hearing aids are covered up to 1 per ear each year.	Exams covered once per calendar year. Hearing aids are covered one per ear per 60 months.
Routine Vision	Exams covered once every calendar year. Frames or visually required contact lenses up to \$125 per calendar year. One (1) replacement set of frames or contact lenses up to \$125 and base lenses once every two (2) calendar years. You must use a VSP participating provider.	Exams covered once every 24 months. You are covered for one pair of eyeglasses (base lenses and frames) every 24 months. One pair of medically necessary contact lenses covered once every 24 months. One replacement eyeglass is covered once every 24 months. Frames (excludes lenses) covered up to \$75. You must use a participating EyeMed provider. Reference Administrative Benefit Changes section for additional details.



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 12

	2025 (this year)	2026 (next year)
Personal Care	The plan covers personal care attendant services to assist you with activities of daily living and instrumental activities of daily living if you qualify. These services also include Personal Assistance Services, such as cueing and monitoring.	The plan covers personal care attendant services to assist you with activities of daily living and instrumental activities of daily living if you qualify. Personal Assistance Services, such as cueing and monitoring is not covered.
Therapeutic Massage	Members are eligible for massage therapy based on medical necessity. Up to 12 visits covered per year. Prior authorization is required for therapeutic massage therapy.	Therapeutic massage is not covered.
Transportation (non-emergent non-medical)	Prior Authorization is required for rides farther than 50 miles from the pickup location.	Reference Flexible Benefits Rides over 50 miles are not covered.
Transportation (non-emergent medical)	The plan covers transportation you need for medical reasons other than emergencies to approved destinations and confirmed appointment destinations in the plan's service area within 50 miles of pick-up location.	The plan covers transportation you need for medical reasons other than emergencies to confirmed covered Medicare and MassHealth (Medicaid) service destinations in the plan's service area within 50 miles of pick-up location.



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 13

D2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at www.ccama.org. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes as allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.



- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Formulary exceptions are usually valid for 12 months from the approval date unless the prescription is written for shorter amounts of time and/or shorter approval duration is noted in the approval letter. Current formulary exceptions will still be covered through the approval end date.

Changes to drug costs

There are no changes to the amount you pay for drugs in 2026. Read below for more information about your drug coverage.

The following table shows your costs for your drugs. One Care members have \$0 drug costs.



	2025 (this year)	2026 (next year)
Drugs in Tier 1 (Preferred Generic) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 .	Your copay for a one-month (31-day) supply is \$0 .
Drugs in Tier 2 (Generic) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 .	Removing Drug Tier 2, drugs will be included in Tier 1.
Drugs in Tier 3 (Preferred Brand) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 .	Removing Drug Tier 3, drugs will be included in Tier 1.
Drugs in Tier 4 (Non-Preferred Drug) Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 .	Removing Drug Tier 4, drugs will be included in Tier 1.
Drugs in Tier 5 (Specialty) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 .	Removing Drug Tier 5, drugs will be included in Tier 1.



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E. Administrative changes

	2025 (this year)	2026 (next year)
Routine Vision	Routine Vision Benefits are administered by VSP. You must use a VSP participating provider.	Routine Vision Benefits are administered by EyeMed. You must use an EyeMed participating provider.
Deeming Period (This section is continued on the next page)	If you lose eligibility for MassHealth (Medicaid) benefits, CCA One Care (MMP) will continue to provide care as long as you can reasonably be expected to regain your MassHealth (Medicaid) coverage within two months. We will continue your membership for the remainder of the month in which we receive notification from MassHealth (Medicaid) about your loss of eligibility, along with two additional calendar months. If you regain your MassHealth (Medicaid) coverage during this period, we will not end your membership.	If you lose MassHealth (Medicaid) eligibility but can be expected to regain it within one month, we will continue to provide all Medicare Advantage plan-covered Medicare benefits during this one-month period. However, during this time where MassHealth eligibility has been lost, we will not continue to cover MassHealth (Medicaid) benefits that are included under the applicable MassHealth State Plan, nor will we pay the Medicare premiums or cost sharing for which the state would otherwise be liable had you not lost your MassHealth eligibility. Medicare cost-sharing amounts for Medicare basic and supplemental benefits do not change during this period. If you regain your MassHealth eligibility during this one-month period, then you are still eligible for our plan and all MassHealth benefits, including state coverage of Medicare premiums and cost sharing will resume starting



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 17

	2025 (this year)	2026 (next year)
Deeming Period (Continued)		the first month in which MassHealth coverage has been restored. If you do not regain your MassHealth eligibility during this one-month period, you will be disenrolled from CCA's plan.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

You may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for MassHealth (Medicaid) or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 18

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to: Another plan that provides your Medicare and most or all of your MassHealth (Medicaid) benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new integrated D-SNP. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900. If you need help or more information: • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit www.shinema.org. OR Contact a new integrated D-SNP directly to enroll with their plan. You'll automatically be disenrolled from our plan when your new plan's coverage begins.
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2. You can change to: Original Medicare with a separate Medicare drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare drug plan. If you need help or more information: • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370. For more information or to find a local SHINE office in your area, please visit www.shinema.org. OR Contact a new Medicare drug plan to enroll directly with their plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.
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3. You can change to: Original Medicare without a separate Medicare drug plan NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in Original Medicare. If you need help or more information: • Call SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.
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4. You can change to: Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section F.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to enroll in a new Medicare plan. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-841-2900. If you need help or more information: • Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. <i>TTY users should call 1-800-439-2370.</i> OR Contact a new Medicare Advantage plan to enroll directly with their plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.
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Your MassHealth (Medicaid) services

For questions about how to get your MassHealth (Medicaid) services after you leave our plan, contact the MassHealth (Medicaid) Customer Service at 1-800-841-2900. TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

G. Getting help

G1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 22

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook for 2026 will be available by October 15*. An up-to-date copy of the *Member Handbook* is available on our website at www.ccama.org. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you an *Member Handbook* for 2026.

Our website

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

G2. SHINE Program (Serving Health Insurance Needs of Everyone)

You can also call the state health insurance program (SHIP). In Massachusetts the SHIP is called the SHINE (Serving the Health Insurance Needs of Everyone). SHINE can help you understand your plan choices and answer questions about switching plans. SHINE isn't connected with us or with any insurance company or health plan. SHINE has trained counselors in every state and services are free. SHINE phone number is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only). For more information or to find a local SHINE office in your area, please visit www.shinema.org.

G3. My Ombudsman

The Ombudsman Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Ombudsman Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsman Program is 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
 - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 23

- Email info@myombudsman.org or contact My Ombudsman through its website at www.myombudsman.org.
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
 - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

G4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

G5. MassHealth (Medicaid)

MassHealth (Medicaid) Customer Service can answer questions you may have about our plan and your other options for getting your services. MassHealth (Medicaid) Customer Service can also help you enroll in a plan, switch plans, or leave a plan. You can call MassHealth (Medicaid)



Customer Service at 1-800-841-2900. TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M.



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 25

Notice of Nondiscrimination

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 behavioral 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.

Commonwealth Care Alliance, Inc.:

- 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 Commonwealth Care Alliance, Inc. 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 behavioral 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:

Commonwealth Care Alliance, Inc.

Civil Rights Coordinator

30 Winter Street, 11th Floor

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.

Massachusetts 2026 ND



If you have questions, please call CCA One Care (HMO D-SNP) at 866-610-2273, (TTY 711) 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit www.ccama.org. 26

Notice of Availability Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服务。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

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Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiama il numero 1-866-610-2273 (TTY: 711).

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. Também ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòm aksèsib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

Gujarati: જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલબ્ધ છે. માહિતીને સુલભ ફોર્મેટમાં પ્રદાન કરવા માટે સહાયક સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કોલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ດ້ວຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

Greek: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο 1-866-610-2273 (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមានការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

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