

2017

SUMMARY OF BENEFITS



ONECARE (HMO SNP)

(a Medicare Advantage Health Maintenance Organization (HMO) offered by ORANGE COUNTY HEALTH AUTHORITY with a Medicare contract)

Summary of Benefits

January 1, 2017 — December 31, 2017

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **OneCare (HMO SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **OneCare (HMO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy 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.

Sections in this booklet

- Things to Know About **OneCare (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us toll-free at **1-877-412-2734**. TDD/TTY users can call **1-800-735-2929**.

Esta información está disponible en otros formatos, como en braille y en impresa grande. Este documento podría estar disponible en otro idioma a parte de español. Llámenos al **1-877-412-2734** para más información. Usuarios de la línea TDD/TTY pueden llamar al **1-800-735-2929**.

Tài liệu này có sẵn bằng các hình thức khác như là chữ in nổi braille và chữ in khổ lớn. Tài liệu này có thể được dịch sang một ngôn ngữ khác ngoài tiếng Anh. Để biết thêm chi tiết, xin gọi cho chúng tôi ở số **1-877-412-2734**. Thành viên sử dụng máy TDD/TTY có thể liên lạc qua số **1-800-735-2929**.

Things to Know About OneCare (HMO SNP)

Hours of Operation

You can call us 24 hours a day, 7 days a week.

OneCare (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-877-412-2734**. TDD/TTY users can call **1-800-735-2929**.
- If you are not a member of this plan, call toll-free **1-877-412-2734**. TDD/TTY users can call **1-800-735-2929**.
- Our website: <http://www.caloptima.org/onecare>

Who can join?

To join **OneCare (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medi-Cal, and live in our service area. Our service area includes the following county in California: Orange.

Which doctors, hospitals, and pharmacies can I use?

OneCare (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.caloptima.org/onecare>). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get all of the benefits covered by Original Medicare.**
- **Our plan members also get *more than what is* covered by Original Medicare.**

Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.caloptima.org/en/Members/OneCare/MedicarePartD.aspx>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of two "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the following benefit stages: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits Report for Contract H5433, Plan 001

OneCare (HMO SNP)

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?

\$0 per month.

How much is the deductible?

This plan does not have a deductible.

Is there any limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medi-Cal eligibility.

Your yearly limit(s) in this plan:

- \$6,700 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Refer to the "**Medicare & You**" handbook for Medicare-covered services. For Medi-Cal-covered services, refer to the Medicaid Coverage section in this document.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay?

Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

Note:

- SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

Inpatient Hospital Care ^{1,2}

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

You pay nothing.

Doctor's Office Visits ^{1,2}

Primary care physician visit: **You pay nothing.**

Specialist visit: **You pay nothing.**

Preventive Care

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling

- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Annual physical exam: **You pay nothing.**

Emergency Care

You pay nothing.

If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.

Urgently Needed Services

You pay nothing.

Diagnostic Tests, Lab and Radiology Services, and X-Rays ^{1,2}

(Costs for these services may vary based on place of service)

Diagnostic radiology services (such as MRIs, CT scans): **You pay nothing.**

Diagnostic tests and procedures: **You pay nothing.**

Lab services: **You pay nothing.**

Outpatient X-rays: **You pay nothing.**

Therapeutic radiology services (such as radiation treatment for cancer): **You pay nothing.**

Hearing Services ^{1,2}

Exam to diagnose and treat hearing and balance issues:

\$0 co-pay.

Dental Services

Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): **You pay nothing.**

\$0 co-pay for supplemental dental benefits.

Vision Services

Medically Necessary

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **\$0 co-pay.**

Eyeglasses or contact lenses after cataract surgery: **\$0 co-pay.**

Supplemental

Routine eye exam (for up to 1 every year): **\$0 co-pay.**

Contact lenses (for up to 1 every two years): **\$0 co-pay.**

Our plan pays up to \$50 every two years for contact lenses.

Eyeglasses (frames and lenses) (for up to 1 every two years): **\$0 co-pay.**

Our plan pays up to \$150 every two years for eyeglasses (frames and lenses)

Mental Health Care ^{1,2}

Inpatient visit:

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.

The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

You pay nothing.

Outpatient group therapy visit: **You pay nothing.**

Outpatient individual therapy visit: **You pay nothing.**

Skilled Nursing Facility (SNF) ^{1,2}

Our plan covers up to 100 days in a SNF.

You pay nothing.

Outpatient Rehabilitation ^{1,2}

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): **You pay nothing.**

Occupational therapy visit: **You pay nothing.**

Physical therapy and speech and language therapy visit:

You pay nothing.

Ambulance¹

You pay nothing.

Transportation¹

You pay nothing.

Covered service includes 60 one-way taxi trips each calendar year for medical and pharmacy related visits within a 10-mile radius of OneCare's service area in Orange County.

Foot Care (podiatry services)^{1,2}

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: **You pay nothing.**

Routine foot care (for up to 12 visit(s) every year): **10% of the cost.**

Durable Medical Equipment (wheelchairs, oxygen, etc.)¹

You pay nothing.

Wellness/Education and Other Supplemental Benefits & Services¹

Covers the following supplemental education/wellness programs:
Health Club Membership/Fitness Classes.

The fitness benefit includes a membership to a contracted gym for 2017. Members may elect to receive up to two (2) home fitness kits in place of a gym membership.

Chiropractic Care^{1,2}

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): **You pay nothing.**

Diabetes Supplies and Services^{1,2}

Diabetes monitoring supplies: **You pay nothing.**

Diabetes self-management training: **You pay nothing.**

Therapeutic shoes or inserts: **You pay nothing.**

Home Health Care^{1,2}

You pay nothing.

Outpatient Substance Abuse^{1,2}

Group therapy visit: **You pay nothing.**

Individual therapy visit: **You pay nothing.**

Outpatient Surgery^{1,2}

Ambulatory surgical center: **You pay nothing.**

Outpatient hospital: **You pay nothing.**

Over-the-Counter Items

Not Covered.

Prosthetic Devices (*braces, artificial limbs, etc.*)¹

Prosthetic devices: **You pay nothing.**

Related medical supplies: **You pay nothing.**

Renal Dialysis^{1,2}

You pay nothing.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Supplemental Benefits

**Acupuncture and Other
Alternative Therapies**^{1,2}

For up to 24 visit (s) every year: **You pay nothing.**

Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs ¹: **You pay nothing.**
Other Part B drugs ¹: **You pay nothing.**

Initial Coverage

You pay nothing for Brand and Generic drugs. You may get your drugs at network retail pharmacies. You stay in this stage until the amount of your year-to-date “total drug costs” reaches \$3,700.00. When this happens, you move to the Coverage Gap.

Coverage Gap

You pay the following:

You may get your drugs at network retail pharmacies.

Standard Retail Cost-Sharing

Tier	One-month; Two-month; Three-month supply
Tier 1 (Generic)	For generic drugs (including brand drugs treated as generic): <ul style="list-style-type: none">• \$0 co-pay
AND	
Tier 2 (Brand)	For all other drugs, either: <ul style="list-style-type: none">• \$0 co-pay; or• \$3.70 co-pay; or• \$8.25 co-pay.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Catastrophic Coverage

You pay nothing.

OneCare (HMO SNP) is a Medicare Advantage organization with a Medicare Contract and a contract with the California Medi-Cal (Medicaid) program. Enrollment in OneCare depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B Premium. The State of California pays the Part B premiums for dual eligible OneCare members.

Summary of Medicaid-Covered Benefits

For Contract H5433, Plan 001

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Medi-Cal covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Customer Service toll-free at **1-877-412-2734**. TDD/TTY users can call **1-800-735-2929**.

STATE OF CALIFORNIA

MEDICAID (MEDI-CAL) PROGRAM

COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID) BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
1. Acupuncture Services ¹	\$0 co-pay for Medicaid-covered services	\$0 co-pay for up to 24 visit(s) every year
2. Acute Administrative Days	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
3. Blood and Blood Derivatives	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
4. Certified Family Nurse Practitioners Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
5. Certified Pediatric Nurse Practitioner Services	\$0 co-pay for Medicaid-covered services	Not covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
6. Child Health and Disability Prevention (CHDP) Program	\$0 co-pay for Medicaid-covered services	Not covered
7. Chiropractic Services ¹	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
8. Chronic Hemodialysis	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
9. Community Based Adult Services (CBAS)**	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
10. Comprehensive Perinatal Services	\$0 co-pay for Medicaid-covered services	Not covered
11. Durable Medical Equipment (DME)	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
12. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services and EPSDT Supplemental Services	\$0 co-pay for Medicaid-covered services	Not covered
13. Enhanced Case Management (ECM)	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
14. Eyeglasses, Contact Lenses, Low Vision Aids, Prosthetic Eyes and Other Eye Appliances ¹	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
15. Federally Qualified Health Centers (FQHC)	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
16. Hearing Aids	\$0 co-pay for Medicaid-covered services	Not covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
17. Home Health Agency Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
18. Home Health Aide Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered service
19. Hospice Care	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
20. Hospital Outpatient Department Services and Organized Outpatient Clinic Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
21. Human Immunodeficiency Virus and AIDS drugs	\$0 co-pay for Medicaid-covered drugs	\$0 co-pay for Medicare-covered drugs
22. Hysterectomy	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered drugs

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
23. Inpatient Hospital Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
24. Indian Health Services (Medi-Cal covered services only)	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare
25. In-Home Medical Care Waiver Services and Nursing Facility Waiver Services	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare
26. Intermediate Care Facility Services for the Developmentally Disabled	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare
27. Intermediate Care Facility Services for the Developmentally Disabled Habilitative	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare

**STATE OF CALIFORNIA
 MEDICAID (MEDI-CAL) PROGRAM
 COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
 BENEFICIARIES**

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
28. Intermediate Care Facility Services for the Developmentally Disabled-Nursing	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare
29. Intermediate Care Facility Services	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare
30. Laboratory, Radiological and Radioisotope Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
31. Licensed Midwife Services	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare
32. Long Term Care (LTC)	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
33. Medical Supplies	\$0 co-pay for Medicaid-covered supplies	\$0 co-pay for Medicare-covered supplies

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
34. Medical Transportation Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services \$0 co-pay for up to 60 one-way taxi trip(s) each calendar year for medical and pharmacy related visits within a 10-mile radius of OneCare's service area in Orange County
35. Nurse Anesthetist Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
36. Nurse Midwife Services	\$0 co-pay for Medicaid-covered services	Not covered beyond Original Medicare
37. Optometry Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
38. Outpatient Mental Health ²	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
39. Clinic Services and Organized Outpatient Clinic Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
40. Pediatric Subacute Care Services	\$0 co-pay for Medicaid-covered services	Not covered
41. Pharmaceutical Services and Prescribed Drugs	\$0 co-pay for Medicaid-covered services	See Prescription Drug Benefits covered by OneCare above
42. Physician Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
43. Podiatry Services ¹	\$0 co-pay for Medicaid-covered services	\$0 co-pay for up to 12 Routine Foot Care visit(s) every year

**STATE OF CALIFORNIA
 MEDICAID (MEDI-CAL) PROGRAM
 COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
 BENEFICIARIES**

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
44. Prosthetic and Orthotic Appliances	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
45. Physical Therapy, Occupational Therapy, Speech Pathology and Audiological Services ¹	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
46. Rehabilitative Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
47. Organ Transplant Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
48. Respiratory Care Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
49. Rural Health Clinic Services	\$0 co-pay for Medicaid-covered services	Not covered

**STATE OF CALIFORNIA
 MEDICAID (MEDI-CAL) PROGRAM
 COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
 BENEFICIARIES**

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
50. Sign Language Interpreter Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
51. Nursing Facility Services and Skilled Nursing Facility Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
52. Private Nursing Services	\$0 co-pay for Medicaid-covered services	Not covered
53. Special Rehabilitative Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
54. State Supported Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services
55. Subacute Care Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL))
BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
56. Nursing Facility and Transitional Inpatient Care Services	\$0 co-pay for Medicaid-covered services	\$0 co-pay for Medicare-covered services

¹ Optional benefits coverage is limited to only beneficiaries in “Exempt Groups”: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a SNF (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; and 5) beneficiaries enrolled in the PACE. Services include: Chiropractic Services, Acupuncturist, Audiologist and Audiology Services, Optician and Optical Fabricating Lab, Dental*, Speech Pathology, Dentures, and Eye glasses.

² Services may be provided by primary care physicians, psychiatrists; psychologists; licensed clinical social workers; marriage, family, and child counselors; or other specialty mental health providers.

*Effective May 1, 2014, in addition to the existing Federally Required Adult Dental Services, the following benefits are restored to beneficiaries age 21 and older:

- Initial examinations, radiographs/photographic images, prophylaxis, and fluoride treatments
- Amalgam and composite restorations
- Prefabricated stainless steel, resin, and resin window crowns
- Anterior root canal therapy
- Complete dentures, including immediate dentures
- Complete denture adjustments, repairs, and relines

****Community-Based Adult Services (CBAS)** has replaced Adult Day Health Care services. Adult Day Health Care services were eliminated on March 31, 2012. CBAS became effective April 1, 2012.

ONECARE CUSTOMER SERVICE

Method	Customer Service – Contact Information
CALL	<p>1-877-412-2734</p> <p>Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week.</p> <p>Customer Service also has free language interpreter services available for non-English speakers.</p>
TTY	<p>1-800-735-2929</p> <p>Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week.</p>
FAX	1-714-246-8711
WRITE	<p>OneCare Customer Service 505 City Parkway West Orange, CA 92868</p>
WEBSITE	www.caloptima.org/onecare

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (CALIFORNIA'S STATE HEALTH INSURANCE PROGRAM)

Health Insurance Counseling and Advocacy Program (HICAP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Method	Contact Information
CALL	<p>1-800-434-0222 (Calls to this number are free.) 1-714-560-0424 (Calls to this number are not free.)</p>
TTY	<p>1-800-735-2929 California State Relay Service Calls to this number are free.</p>
WRITE	<p>HICAP c/o Council on Aging – Orange County 1971 E. Fourth Street, Suite 200 Santa Ana, Ca 92705-3917</p>
WEBSITE	http://www.coaoc.org/programs-and-services/hicap/how-it-helps.aspx

The people in the photographs that appear in this document are models and used for illustrative purposes only.