

2024



Annual Notice of Change

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan



OneCare (HMO D-SNP), a Medicare Medi-Cal Plan offered by *CalOptima Health*

Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* 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.caloptima.org/OneCare. 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 Spanish, Vietnamese, Farsi, Korean, Chinese, and Arabic.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, data CD or audio. Call Customer Service at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free.
- You can also make a standing request to get materials in threshold languages and/or alternate formats.
 - Threshold languages are available in Spanish, Vietnamese, Farsi, Korean, Chinese or Arabic.
 - Alternate formats are available in large print, braille, data CD or audio.
 - Your standing request will be kept in our system for all future mailings and communications.
 - To cancel or make a change to your standing request please call Customer Service at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. Someone that 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 **1-877-412-2734 (TTY 711)**, las 24 horas del día, los 7 días de la semana. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

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

- **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 **1-877-412-2734 (TTY 711)**, 每天24小时,每週7天。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 **1-877-412-2734 (TTY 711)**, 每天24小時,每週7天。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 **1-877-412-2734 (TTY 711)**, 24 na oras sa isang araw, 7 araw sa isang linggo. 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 **1-877-412-2734 (TTY 711)**, 24 heures sur 24, 7 jours sur 7. 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 quý vị cần thông dịch viên xin gọi **1-877-412-2734 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.
- **German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-412-2734 (TTY 711)**, das 7 Tage pro Woche rund um die Uhr. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- **Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-412-2734 (TTY 711)** 하루 24시간, 주 7일번으로 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 **1-877-412-2734 (TTY 711)**, 24 часа в сутки, 7 дней в неделю. 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 **1-877-412-2734 (TTY 711)** على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.



If you have questions, please call OneCare at 1-877-412-2734 (TTY 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.caloptima.org/OneCare.

- **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 **1-877-412-2734 (TTY 711)**, 24 घंटे, सप्ताह में 7 दिनों 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 **1-877-412-2734 (TTY 711)**, 24 ore al giorno, 7 giorni alla settimana. Un nostro incaricato che parla Italiano vi 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 **1-877-412-2734 (TTY 711)**, 24 horas por dia, 7 dias por semana. 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-412-2734 (TTY 711)**, 24 sou 24, 7 jou sou 7. 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 **1-877-412-2734 (TTY 711)**, 24 godziny na dobę, 7 dni w tygodniu. 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。通訳をご用命になるには、**1-877-412-2734 (TTY 711)**, 24時間・週7日にお電話ください。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。
- **Armenian:** Մենք ունենք անվճար բանավոր թարգմանչի ծառայություններ՝ պատասխանելու համար առողջապահական կամ դեղերի պլանի վերաբերյալ Ձեր ցանկացած հարցի: Բանավոր թարգմանչի ծառայությունն ստանալու համար պարզապես զանգահարեք մեզ **1-877-412-2734 (TTY 711)**, Օրը 24 ժամ, շաբաթը 7 օր հեռախոսահամարով: Ձեզ կարող է օգնել մեկն, ով խոսում է հայերեն : Սա անվճար ծառայություն է:
- **Cambodian:** យើងមានសេវាកម្មប្រែទាស់មាត់តគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដល់អ្នកមានសុំអំពីផែនការសុខភាពនិងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែប្រែទាស់មាត់ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ **1-877-412-2734 (TTY 711)** 24ម៉ោងក្នុងមួយថ្ងៃ 7ថ្ងៃក្នុងមួយសប្តាហ៍។ ។ នរណាម្នាក់ដល់លេខ៖និយាយភាសាខ្មែរ អាចជួយអ្នកបាន។ នេះជាសេវាឥតគិតថ្លៃ។

● **Farsi:** ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، فقط با ما تماس بگیرید **1-877-412-2734 (TTY 711)**, 24 ساعت شبانه روز، 7 روز هفته. کسی که انگلیسی صحبت می کند می تواند به شما کمک کند. این یک سرویس رایگان است.



If you have questions, please call OneCare at 1-877-412-2734 (TTY 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.caloptima.org/OneCare.

- **Hmong:** Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov lus nug uas koj muaj txog ntawm pab li kev noj qab haus huv los sis lub phiaj xwm yeeb tshuaj. Kom tau txais tus kws txhais lus, tsuas yog hu pab ntawm **1-877-412-2734 (TTY 711)**, 24 teev txhua hnuv, 7 hnuv txhua lub lis piam. Muaj tus neeg uas hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.
- **Laotian:** ພວກເຮົາມີບໍລິການນາຍແປພາສາແບບບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຂອງທ່ານທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ **1-877-412-2734 (TTY 711)**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ມື້ຕໍ່ອາທິດ. ຜູ້ທີ່ສາມາດເວົ້າພາສາ ລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການທີ່ບໍ່ເສຍຄ່າ.
- **Mien:** Yie mbuo mbenc maaih faan waac mienh wang-henh tengx nzie dau waac bun muangx dongh meih maaih waac qiex zuqc naaic gorngv taux yie mbuo goux heng-wangc a'fai ndie-daan wuov. Liouh lorx faan waac mienh, korh waac lorx taux yie mbuo yiem njiec naaiv **1-877-412-2734 (TTY 711)**, 24 norm ziangh hoc, yietc norm liv baaiv mbenc maaih 7 hnoi. Maaih mienh haih gornv mienh waac tengx faan waac bun meih oc. Naaiv se wangv henh tengx faan waac bun muangx hnanv.
- **Punjabi:** ਸਾਡੀ ਸਹਿਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਲੋਂ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਰੀਆ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਰੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਸਾਨੂੰ **1-877-412-2734 (TTY 711)** ਦਰਿੰ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਰਿੰ। 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵੀਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- **Thai:** เรามีบริการล่ามฟรี เพื่อตอบคำถามด้านสุขภาพหรือแผนการใ้ช้ยาใดๆ ที่คุณอาจมีข้อสงสัย หากคุณต้องการรับบริการล่าม กรุณาโทรศัพท์หาเราที่ **1-877-412-2734 (TTY 711)** 24 ชั่วโมง 7 วันต่อสัปดาห์ มีบุคคลที่สามารถพูด ภาษาไทยได้พร้อมช่วยเหลือคุณ ไม่มีค่าใช้จ่ายสำหรับบริการนี้
- **Ukrainian:** Ми пропонуємо безкоштовні послуги перекладача, який відповість на будь-які ваші запитання щодо нашого плану охорони здоров'я чи забезпечення лікарськими засобами. Щоб зв'язатися з перекладачем, просто зателефонуйте нам за телефоном **1-877-412-2734 (TTY 711)**, цілодобово, 7днів на тиждень. Вам буде надано підтримку українською мовою. Ця послуга є безкоштовною.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

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If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **www.caloptima.org/OneCare**.

A. Disclaimers

- ❖ OneCare (HMO D-SNP), a Medicare Medi-Cal Plan is a Medicare Advantage organization with a Medicare contract. Enrollment in OneCare depends on contract renewal. OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Call OneCare Customer Service toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. Visit us at www.caloptima.org/OneCare.
- ❖ 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 OneCare *Member Handbook*.

English Tagline

ATTENTION: If you need help in your language call **1-877-412-2734 (TTY 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-877-412-2734 (TTY 711)**. These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-877-412-2734 (TTY 711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير اتصل بـ **1-877-412-2734 (TTY 711)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

Ուշանալու դեպքում: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-412-2734 (TTY 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-877-412-2734 (TTY 711)**: Այդ ծառայություններն անվճար են:

ប្បសម្ភាសជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-412-2734 (TTY 711)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផង ដែរ។ ទូរស័ព្ទមកលេខ **1-877-412-2734 (TTY 711)** ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)

请注意:如果您需要以您的母语提供帮助,请致电 **1-877-412-2734 (TTY 711)**。我们另外还提供针对残疾人士的帮助和服务,例如盲文和大字体阅读,提供您方便取用。请致电 **1-877-412-2734 (TTY 711)**。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با **1-877-412-2734 (TTY 711)** تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-877-412-2734 (TTY 711)** تماس بگیرید. این خدمات رایگان ارائه می شوند.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. For more information, visit www.caloptima.org/OneCare.

हिंदी टैगलाइनी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-877-412-2734 (TTY 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-412-2734 (TTY 711)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-412-2734 (TTY 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-877-412-2734 (TTY 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-877-412-2734 (TTY 711)** へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-877-412-2734 (TTY 711)** へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-877-412-2734 (TTY 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-877-412-2734 (TTY 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734 (TTY 711)**. ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ **1-877-412-2734 (TTY 711)** ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ |

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-412-2734 (линия ТTY 711)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-412-2734 (линия ТTY 711)**. Такие услуги предоставляются бесплатно.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-877-412-2734** (TTY **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-412-2734** (TTY **711**). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-412-2734** (TTY **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-412-2734** (TTY **711**). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-412-2734** (TTY **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-877-412-2734** (TTY **711**). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-412-2734** (TTY **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-877-412-2734** (TTY **711**). Các dịch vụ này đều miễn phí.



If you have questions, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It is 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 membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

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

- Medicare options in the table in **Section E2** on page 15.
- Medi-Cal options and services in **Section E2** on page 17.

B1. Information about OneCare

- OneCare (HMO D-SNP), a Medicare Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under OneCare is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says "we," "us," "our," or "our plan," it means the Medicare Medi-Cal Plan.

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 will work for you next year.
 - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription 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?
 - 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.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

- **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?
- **Think about whether you are happy with our plan.**

If you decide to stay with OneCare:	If you decide to change plans:
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 OneCare.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section E2 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 2024.

Please review the 2024 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.caloptima.org/OneCare. You may also call Customer Service 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*.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

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.

	2023 (this year)	2024 (next year)
Annual Physical Exam	Not Covered	One physical exam per year is now covered. We encourage you to schedule your exam with your doctor.
Enhanced Drug Benefit	Erectile dysfunction drug treatment covers 4 tablets per month (generic).	Erectile dysfunction drug treatment is not covered.
Drugs in Tier 2 (brand name drugs)	Your copay for Tier 2 drugs is \$0, \$4.30, or \$10.35 per prescription.	Brand name drugs are now covered in Tier 1 (Your copay for a one-month (30-day) supply is \$0 per prescription).
Kidney disease services and supplies	Prior authorization rules may apply.	Does not require prior authorization.
Over-the-counter (OTC) Items	\$80 allowance every quarter	\$100 allowance every quarter

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.caloptima.org/OneCare. You may also call Customer Service 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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

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

If you are 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 Customer Service at the numbers at the bottom of the page or contact your personal 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.
- 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 30 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 granted for the calendar year and expire on December 31. If you have a current formulary exception, you may need to request a new exception next year. To find out if you need to request a new exception, please call Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week.

Changes to prescription drug costs

We made changes to your prescription drug cost by eliminating costs for all generic and brand drugs

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2024.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>



If you have questions, please call OneCare at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$8,000**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our Drug List.

The following table shows your costs for drugs in each of our two drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.

	2023 (this year)	2024 (next year)
<p>Drugs in Tier 1 <i>(generic drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription for both generic and brand name drugs.</p>
<p>Drugs in Tier 2 <i>(brand name drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Brand name drugs are now covered in Tier 1 (Your copay for a one-month (30-day) supply is \$0 per prescription).</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$8,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$8,000** for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2024.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, 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

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual 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 are eligible to make a change to your enrollment. For example when:

- You moved out of our service area,
- Your eligibility for Medi-Cal or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

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

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.

<p>1. You can change to:</p> <p>Another Medicare health plan, including a plan that combines your Medicare and Medi-Cal coverage</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our plan when your new plan’s coverage begins. Your Medi-Cal plan may change.</p>
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If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: 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 tell Medicare you don't want to join.</p> <p>You should only drop prescription 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 California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

F. Getting help

F1. Our plan

We're here to help if you have any questions. Call Customer Service 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*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2024 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.caloptima.org/OneCare. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2024.

Our website

You can visit our website at www.caloptima.org/OneCare. 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*).

F2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222 (TTY 1-800-735-2929). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

F3. Ombuds Program

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombuds 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.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-888-804-3536.

F4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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 2024

You can read the *Medicare & You 2024* 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), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



If you have questions, please call OneCare at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **www.caloptima.org/OneCare**.

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



CalOptima Health, A Public Agency
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caloptima.org/OneCare

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan is a Medicare Advantage organization with a Medicare contract. Enrollment in OneCare depends on contract renewal. OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Call OneCare Customer Service toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. Visit us at www.caloptima.org/OneCare.

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