



Summary of Benefits 2024

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

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan | 2024 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by OneCare (HMO D-SNP), a Medicare Medi-Cal Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of OneCare. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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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



This is a summary of health services covered by OneCare for January 1–December 31, 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. 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 **1-877-412-2734 (TTY 711)** to ask us to mail you a *Member Handbook*.

- ❖ 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.

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.

(Arabic) الشعار بالعربية

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 بريلا والخط الكبير اتصل بـ **1-877-412-2734 (TTY 711)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

Ուշադրություն: 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:

ហ្គាសម្ពាសជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-412-2734 (TTY 711)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជា អក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-877-412-2734 (TTY 711)** ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃ ឡើយ។

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。



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(Farsi) مطلب به زبان فارسی

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

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.

ແທກໂລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ 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.



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ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY **711**). ਅਪਾਹਜ 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 TTY **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 TTY **711**). Такие услуги предоставляются бесплатно.

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 serbisyonang 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.



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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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.

- ❖ 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.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) 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. For more information about **Medi-Cal**, you can check the California Department of Health Care Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-888-804-3536, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, data CD or audio. Call **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free.
- ❖ This document is available for free in Spanish, Vietnamese, Farsi, Korean, Chinese and Arabic.
- ❖ You can also make a standing request to get materials in threshold languages and/or alternate format.
 - Threshold languages available in English, Spanish, Vietnamese, Farsi, Korean, Chinese or Arabic
 - Alternate formats available are 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 **1-877-412-2734**, 24 hours a day, 7 days a week. TTY users can call toll-free at **711**. The call is free.




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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare-Medi-Cal Coordination Plan?	A Medicare-Medi-Cal Coordination Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Coordination Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-Term Services and Supports (LTSS), and other providers. It also has personal care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in OneCare that I get now?	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from OneCare. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team’s assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in OneCare, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that OneCare does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for OneCare to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.</p>

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Frequently Asked Questions	Answers
<p>Can I go to the same doctors I use now? (continued on the next page)</p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with OneCare and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> ● Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in OneCare’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. ● If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of OneCare’s plan. ● If you are currently under treatment with a provider that is out of OneCare’s network, or have an established relationship with a provider that is out of OneCare’s network, call Customer Service to check about staying connected and ask for continuity of care. ● If our plan is new for you, you can keep using the doctors you use now for a certain amount of time, if they are not in our network. We call this continuity of care. If they are not in our network, you can keep your current providers and service authorizations at the time you enroll for up to 12 months if all of the following conditions are met: <ul style="list-style-type: none"> ○ You, your representative, or your provider asks us to let you keep using your current provider. ○ We establish that you had an existing relationship with a primary or specialty care provider, with some exceptions. When we say “existing relationship,” it means that you saw an out-of-network provider at least once for a non-emergency visit during the 12 months before the date of your initial enrollment in our plan.



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Frequently Asked Questions	Answers
<p>Can I go to the same doctors I use now? (continued)</p>	<ul style="list-style-type: none"> ○ We determine an existing relationship by reviewing your available health information or information you give us. ○ We have 30 days to respond to your request. You can ask us to make a faster decision, and we must respond in 15 days. ○ You or your provider must show documentation of an existing relationship and agree to certain terms when you make the request. <p>Note: You can only make this request for services of Durable Medical Equipment (DME), transportation, or other ancillary services not included in our plan. You cannot make this request for providers of DME, transportation or other ancillary providers.</p> <p>After the continuity of care period ends, you will need to use doctors and other providers in the OneCare network that are affiliated with your primary care provider’s health network, unless we make an agreement with your out-of-network doctor. A network provider is a provider who works with the health plan. A health network is a group of doctors and hospitals that contracts with OneCare to provide covered services to our members. Refer to Chapter 3 of your <i>Member Handbook</i> for more information on getting care.</p> <p>To find out if your doctors are in the plan’s network, call Customer Service at the numbers listed at the bottom of this page or read OneCare’s <i>Provider Directory</i> on the plan’s website at www.caloptima.org/OneCare.</p> <p>If OneCare is new for you, we will work with you to develop an Individualized Care Plan to address your needs.</p>
<p>What is a OneCare personal care coordinator?</p>	<p>A OneCare personal care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>

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Frequently Asked Questions	Answers
<p>What are Long-Term Services and Supports (LTSS)?</p>	<p>Long-Term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your personal care coordinator or care team will work with that agency.</p>
<p>What is a Multipurpose Senior Services Program (MSSP)?</p>	<p>A MSSP provides ongoing care coordination with health care providers beyond what your health plan already provides, and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.</p>
<p>What happens if I need a service but no one in OneCare’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, OneCare will pay for the cost of an out-of-network provider.</p>
<p>Where is OneCare available?</p>	<p>The service area for this plan includes: Orange County, California. You must live in this area to join the plan.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from OneCare to seek services outside of our network or to get services not routinely covered by our network before you get the services. OneCare may not cover the service, procedure, item, or drug if you don’t get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get prior authorization first. OneCare can provide you or your provider with a list of services or procedures that require you to get prior authorization from OneCare before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.</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.

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Frequently Asked Questions	Answers
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, OneCare may not cover the services. OneCare can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<p>Do I pay a monthly amount (also called a premium) under OneCare?</p>	<p>No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p>Do I pay a deductible as a member of OneCare?</p>	<p>No. You do not pay deductibles in OneCare.</p>
<p>What is the maximum out-of-pocket amount that I will pay for medical services as a member of OneCare?</p>	<p>There is no cost sharing for medical services in OneCare, so your annual out-of-pocket costs will be \$0.</p>
<p>Do I have a coverage gap for drugs?</p>	<p>No. Because you have Medicaid you will not have a coverage gap stage for your drugs.</p>




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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	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. Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Doctor or surgeon care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Outpatient hospital services, including observation	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Ambulatory surgical center (ASC) services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	Authorization rules may apply.
	Specialist care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Wellness visits, such as a physical	\$0	Authorization rules may apply. Our plan covers one physical exam per year as a full assessment of your health, including laboratory services, as needed. Our plan covers an annual wellness visit to make or update your care plan to help prevent illness. We pay for this once every 12 months.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	"Welcome to Medicare" (preventive visit, one time only)	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>Emergency room services are also covered out-of-network and without prior authorization.</p> <p><u>Supplemental</u></p> <p>You pay for your emergency and urgent care outside of the U.S. and we will reimburse you up to \$100,000 per year.</p> <p>Contact plan for details.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>Urgent care services are also covered out-of-network and without prior authorization.</p> <p><u>Supplemental</u></p> <p>You pay for your emergency and urgent care outside of the U.S. and we will reimburse you up to \$100,000 per year.</p> <p>Contact plan for details.</p>
<p>You need medical tests</p>	<p>Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	<p>Lab tests and diagnostic procedures, such as blood work</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hearing/auditory services</p>	<p>Hearing screenings</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>Hearing screenings include exam to diagnose and treat hearing and balance issues.</p>
	<p>Hearing aids</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p><u>Supplemental</u></p> <p>Our plan pays up to \$1,000 above the state Medi-Cal limit of \$1,510 per fiscal year (July 1–June 30) for hearing aids. This includes molds, modification supplies and accessories.</p>
<p>You need dental care</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>Covered under Medi-Cal Dental. The plan does not offer additional coverage for either preventative or comprehensive dental services.</p> <p>For more information visit https://dental.dhcs.ca.gov/.</p>
	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>Covered under Medi-Cal Dental. The plan does not offer additional coverage for either preventative or comprehensive dental services.</p> <p>For more information visit https://dental.dhcs.ca.gov/.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	<p><u>Medically Necessary</u></p> <ul style="list-style-type: none"> Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) <p><u>Supplemental</u></p> <ul style="list-style-type: none"> Routine eye exam (up to 1 every year).
	Glasses or contact lenses	\$0	<p><u>Medically Necessary</u></p> <ul style="list-style-type: none"> One (1) pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery <p><u>Supplemental</u></p> <ul style="list-style-type: none"> Up to one (1) pair of eyeglasses (lenses and frames) every year; or Up to one (1) pair of contact lenses every year <p>Our plan pays up to \$250 above the state Medi-Cal limit every year for contact lenses or eyeglasses (frames and lenses).</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services (continued on the next page)</p>	<p>Mental health services</p>	<p>\$0</p>	<p>Authorization rules may apply. Contact plan for details.</p> <p>Mental or behavioral health services include:</p> <ul style="list-style-type: none"> • Outpatient group therapy visit • Outpatient individual therapy visit <p>For questions about behavioral health call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711), 24 hours a day, 7 days a week.</p> <p>Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641 24 hours a day, 7 days a week.</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.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services (continued)</p>	<p>Inpatient and outpatient care and community-based services for people who need mental health services.</p>	<p>\$0</p>	<p>For questions about behavioral health call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711), 24 hours a day, 7 days a week.</p> <p>Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641, 24 hours a day, 7 days per week.</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.


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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	Substance abuse services include: <ul style="list-style-type: none"> ● Group therapy visit ● Individual therapy visit For questions about behavioral health and substance abuse services call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711) , 24 hours a day, 7 days a week. Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641, 24 hours a day, 7 days per week.
You need a place to live with people available to help you	Skilled nursing care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Nursing home care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued on the next page)</p>	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	<p><u>Non-Emergency Medical Transportation</u> Non-emergency medical transportation by ambulance/gurney, litter van, wheelchair van, or air transport is appropriate when it is documented that the member’s condition is such that other means of transportation could endanger the member’s health and that medical necessity was used to determine the type of transportation being requested.</p> <p>Prior scheduling rules may apply. To schedule non-emergency medical transportation call Customer Service at 1-877-412-2734 (TTY 711).</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued)</p>	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p><u>Non-Medical Transportation</u> Unlimited transportation to plan approved locations for medically necessary covered services. Coverage also includes unlimited trips to and from the gym as the health club membership is offered as supplemental benefit under this plan.</p> <ul style="list-style-type: none"> ● Modes of transportation available: <ul style="list-style-type: none"> ○ Daily/monthly bus passes ○ OC Access vouchers ○ Personal driver mileage reimbursement ○ Taxi <p>Schedule your transportation at least two business days in advance by calling 1-866-612-1256. TTY users can call 711.</p>
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Authorization rules may apply. Contact plan for details.</p> <p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>You pay \$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to OneCare’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Tier 1 drugs include generic drugs. The copay is \$0.</p> <p>Once you or others on your behalf pay \$8,000 you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the Member Handbook for more information on this stage.</p> <p>For some prescription drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply and is available at retail pharmacy locations. There is no cost to you for a long-term supply.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>You pay \$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to OneCare’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Tier 1 drugs include brand name drugs. The copay is \$0.</p> <p>For some prescription drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply and is available at retail pharmacy locations. There is no cost to you for a long-term supply.</p>
<p>You need help getting better or have special health needs</p>	<p>Rehabilitation services</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>Authorization rules may apply. Contact plan for details.</p>
	<p>Dialysis services</p>	<p>\$0</p>	<p>Referral requirements may apply. Contact plan for details.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	
	Orthotic services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued on the next page)</p>	Home health services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	For information contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000. If you need help or would like to find out which Community Supports may be available for you, call 1-877-412-2734 (TTY 711) or call your health care provider.
	Adult day health, Community-Based Adult Services (CBAS), or other support services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. For information on how to qualify for CBAS, call OneCare Customer Service at 1-877-412-2734 (TTY 711) .
	Day habilitation services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. If you need help or would like to find out which Community Supports may be available for you, call 1-877-412-2734 (TTY 711) or call your health care provider.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>	<p>Services to help you live on your own (home health care services or personal care attendant services)</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>For information contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000.</p>
<p>Additional services (continued on the next page)</p>	<p>Chiropractic Services</p>	<p>\$0</p>	<p>Adjustments of the spine to correct alignment.</p>
	<p>Diabetes supplies and services</p>	<p>\$0</p>	
	<p>Health and wellness education programs (continued on the next page)</p>	<p>\$0</p>	<p>We offer many programs that focus on certain health conditions. These include:</p> <ul style="list-style-type: none"> • Health Education classes; • Nutrition Education classes; • Smoking and Tobacco Use Cessation; and • Nursing Hotline <p>You have the following options available at no cost to you:</p> <ul style="list-style-type: none"> • Membership at participating fitness centers or YMCAs that take part in the program. Many participating fitness centers may also offer low-impact classes focused on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Health and wellness education programs	\$0	<ul style="list-style-type: none"> Well-Being Club for exclusive articles and videos and live virtual classes and events A variety of on-demand videos through the website You are eligible to receive one home fitness kit per benefit year from a variety of fitness categories Healthy Aging Coaching sessions by phone, video, or chat with a trained coach where you can discuss topics like exercise, nutrition, social isolation, and brain health Activity Tracker Tool Online quarterly newsletter
	In-Home Support Services – Companion Care	\$0	Members are eligible for up to ninety (90) hours of services per year. A referral is required and members must use CalOptima Health’s contracted provider/vendor.




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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Over-the-Counter Items	\$0	\$100 allowance or spending limit per quarter to order products that do not require a prescription such as cold and cough preparations. Items will be shipped directly to your home and any remaining balance does not carry over to the next quarter. You will receive a mail-order catalog with ordering instructions and details about the items you can purchase with your allowance.
	Prosthetic services	\$0	<ul style="list-style-type: none"> ● Prosthetic devices ● Related medical supplies Authorization rules may apply. Contact plan for details.
	Radiation therapy	\$0	Authorization rules may apply. Contact plan for details.
	Services to help manage your disease	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the OneCare *Member Handbook*. If you don't have a *Member Handbook*, call OneCare Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit www.caloptima.org/OneCare.


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D. Benefits covered outside of OneCare


There are some services that you can get that are not covered by OneCare but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Acupuncture</p> <p>We pay for up to two outpatient acupuncture services in any one calendar month, or more often if they are medically necessary.</p> <p>We also pay for up to 12 acupuncture visits in 90 days if you have chronic low back pain, defined as:</p> <ul style="list-style-type: none"> ● lasting 12 weeks or longer; ● not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease); ● not associated with surgery; and ● not associated with pregnancy. <p>In addition, we pay for an additional eight sessions of acupuncture for chronic low back pain if you show improvement. You may not get more than 20 acupuncture treatments for chronic low back pain each year.</p> <p>Acupuncture treatments must be stopped if you don't get better or if you get worse.</p>	<p>\$0</p>
<p>Assisted Living Waiver</p>	<p>For cost information go to https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx.</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.


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Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Medi-Cal Dental Fee-for-Service Contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org/ .	Costs of Medi-Cal Dental services are dependent on if a member has a Share of Cost or no Share of Cost.
California Community Transitions (CCT)	You can get transition coordination services from any CCT Lead Organization that serves the county you live in. You can find a list of CCT Lead Organizations and the counties they serve on the Department of Health Care Services website at: www.dhcs.ca.gov/services/ltc/Pages/CCT .
Certain hospice care services covered outside of OneCare	\$0 Refer to the <i>Member Handbook</i> , Chapter 4, Section D for more information about what we pay for while you are getting hospice care services.
In-Home Supportive Services (IHSS)	For cost information contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000.
Multipurpose Senior Services Program (MSSP)	For information go to https://www.caloptima.org/ForMembers/Medi-Cal/Benefits/OtherPrograms/MSSP.aspx .
Psychosocial rehabilitation	
Regional Center Services	For cost information contact Regional Center of Orange County at 1-714-796-5100.

 **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.

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan | 2024 Summary of Benefits


Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Specialty mental health and substance use disorder services	For cost information contact Orange County Specialty Mental Health Plan at 1-800-723-8641.
Rest home room and board	

 **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. Services that OneCare, Medicare, and Medi-Cal do not cover


This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about other excluded services.

Services OneCare, Medicare, and Medi-Cal do not cover	
A private room in a hospital, except when medically necessary	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it	
Drugs received outside the United States and its territories	
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary	
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to Chapter 3 of your <i>Member Handbook</i> for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community	

 **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.


OneCare (HMO D-SNP), a Medicare Medi-Cal Plan | 2024 Summary of Benefits

Services OneCare, Medicare, and Medi-Cal do not cover	
Fees charged by your immediate relatives or members of your household	
Full-time nursing care in your home	
Naturopath services (the use of natural or alternative treatments)	
Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease	
Paramedic Services	Paramedic Services are emergency medical treatments given at the scene by a paramedic. Call your city hall for information on coverage.
Personal items in your room at a hospital or a nursing facility, such as a telephone or television	

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OneCare (HMO D-SNP), a Medicare Medi-Cal Plan | 2024 Summary of Benefits

Services OneCare, Medicare, and Medi-Cal do not cover	
Prescription and non-prescription drugs not covered by law	<p>By law, the types of drugs listed below are not covered by OneCare, Medicare, or Medi-Cal:</p> <ul style="list-style-type: none"> • Drugs used to promote fertility • Drugs used for the relief of cough or cold symptoms* • Drugs used for cosmetic purposes or to promote hair growth • Prescription vitamins and mineral products, except prenatal vitamins and fluoride* preparations • Drugs used for the treatment of sexual or erectile dysfunction • Drugs used for the treatment of anorexia, weight loss or weight gain* • Outpatient drugs made by a company that says you must have tests or services done only by them <p>*Select products may be covered by Medi-Cal. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information.</p>
Private duty nurses	
Radial keratotomy, LASIK surgery, and other low-vision aids	
Reversal of sterilization procedures and non-prescription contraceptive supplies	

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OneCare (HMO D-SNP), a Medicare Medi-Cal Plan | 2024 Summary of Benefits

Services OneCare, Medicare, and Medi-Cal do not cover	
Routine foot care, except as described in Podiatry services in the Benefits Chart in Chapter 4, Section D of the <i>Member Handbook</i> .	
Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost-sharing is more than the cost-sharing under our plan, we will reimburse the veteran for the difference. You are still responsible for your cost-sharing amounts	
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it	
Other services considered not reasonable and medically necessary	

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F. Your rights as a member of the plan

As a member of OneCare, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it



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- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. OneCare will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Appeal certain decisions made by us or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call OneCare Customer Service at the numbers listed at the bottom of this page.



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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You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-888-804-3536, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think OneCare improperly denied, delayed, or modified a service, call Customer Service at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call OneCare Customer Service at the numbers listed at the bottom of this page.

You can ask for help from any of the following.

- Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.
- Your doctor or other provider. Your doctor or other provider can ask for a coverage decision or appeal on your behalf.
- A friend or family member. You can name another person to act for you as your “representative” and ask for a coverage decision or make an appeal.
- A lawyer. You have the right to a lawyer, but you are not required to have a lawyer to ask for a coverage decision or make an appeal.
 - Call your own lawyer or get the name of a lawyer from the local bar association or other referral service. Some legal groups will give you free legal services if you qualify.
 - Ask for a legal aid attorney from the Health Consumer Alliance at 1-888-804-3536.



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.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at OneCare Customer Service. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



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OneCare (HMO D-SNP), a Medicare Medi-Cal Plan | 2024 Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call OneCare Customer Service:

1-877-412-2734

Calls to this number are free. 24 hours a day, 7 days a week.

Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call CalOptima Health's Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the CalOptima Health's Nurse Advice Line are:

1-844-447-8441

Calls to this number are free. 24 hours a day, 7 days a week.

OneCare also has free language interpreter services available for non-English speakers.

TTY 1-844-514-3774

Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-855-877-3885

Calls to this number are free. 24 hours a day, 7 days a week.

OneCare also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 24 hours a day, 7 days a week.



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.



CalOptima Health, A Public Agency
 505 City Parkway West, Orange, CA 92868
caloptima.org/OneCare

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Onecare Customer Service:

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If you have questions about your health:

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