

2018

Summary of Benefits



OneCare Connect Cal MediConnect Plan
(Medicare-Medicaid Plan)





This is a summary of health services covered by OneCare Connect for January 1 – December 31, 2018. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ OneCare Connect Cal MediConnect Plan (Medicare-Medicaid 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 with both Medicare and Medi-Cal.
- ❖ Under OneCare Connect you can get your Medicare and Medi-Cal services in one health plan. A OneCare Connect personal care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ❖ Limitations, copays, and restrictions may apply. For more information, call OneCare Connect Customer Service or read the OneCare Connect Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits and/or copays may change on January 1 of each year.
- ❖ Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- ❖ You can get this information for free in other languages. Call **1-855-705-8823**. The call is free.
- ❖ **Spanish:** Puede obtener esta información gratis en otros idiomas. Llame al **1-855-705-8823**. La llamada es gratuita.
- ❖ **Vietnamese:** Quý vị có thể nhận thông tin này miễn phí bằng các ngôn ngữ khác. Xin gọi ở số **1-855-705-8823**. Cuộc gọi này là miễn phí.
- ❖ **Korean:** 귀하께서는 다른 언어로 된 이 정보를 무료로 받으실 수 있습니다. 무료 통화 할 수 있는 전화 번호는 **1-855-705-8823**입니다. 통화는 무료입니다.



If you have questions, please call OneCare Connect at 1-855-705-8823, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at 1-800-735-2929. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

❖ **Farsi:** می‌توانید این اطلاعات را به زبانهای دیگر دریافت کنید. با شماره **1-855-705-8823** تماس بگیرید. تماس با این شماره رایگان است.

- ❖ You can get this information for free in other formats, such as large print, braille or audio. Call **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at **1-800-735-2929**. The call is free.
- ❖ You can also make a standing request to get materials in Spanish, Vietnamese, Korean or Farsi. Call **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at **1-800-735-2929**. The call is free.



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect plan?	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has personal care coordinators to help you manage all your providers and services. They all work together to provide the care you need. OneCare Connect (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
What is a OneCare Connect personal care coordinator?	A OneCare Connect personal care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	LTSS are for beneficiaries who need assistance to do everyday tasks like taking a bath, 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. LTSS include the following programs: Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p>Will you get the same Medicare and Medi-Cal benefits in OneCare Connect that you get now?</p>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from OneCare Connect. 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. When you enroll in OneCare Connect, 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>Also, if you are taking any Medicare Part D prescription drugs that OneCare Connect 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 Connect to cover your drug if medically necessary.</p>
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with OneCare Connect and have a contract with us, you can keep going to them. Providers who have an agreement with us are “in-network.” You must use the providers in OneCare Connect’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of OneCare Connect's plan.</p> <p>To find out if your doctors are in the plan’s network, call Customer Service or read OneCare Connect’s <i>Provider and Pharmacy Directory</i>.</p> <p>If OneCare Connect is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for <i>12 months</i>.</p>
<p>What happens if you need a service but no one in OneCare Connect’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 Connect will pay for the cost of an out-of-network provider.</p>



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Frequently Asked Questions (FAQ)	Answers
Where is OneCare Connect available?	The service area for this plan includes: Orange County, California. You must live in this area to join the plan.
Do you pay a monthly amount (also called a premium) under OneCare Connect?	You will not pay any monthly premiums to OneCare Connect for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from OneCare Connect before you can get a specific service or drug or see an out-of-network provider. OneCare Connect may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. OneCare Connect can provide you with a list of services or procedures that require you to obtain prior authorization from OneCare Connect before the service is provided.</p>
What is a referral?	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, OneCare Connect may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.
What is Extra Help?	Extra Help is a Medicare program that helps reduce your prescription drug program costs such as copays. Your prescription drug copays under OneCare Connect already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TDD/TTY users should call 1-800-325-0778.



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call OneCare Connect Customer Service:</p> <p>CALL 1-855-705-8823 Calls to this number are free. Hours are 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 1-800-735-2929 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-844-447-8441 Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 1-800-735-2929 Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-855-877-3885 Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 1-800-735-2929 Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	Authorization rules may apply.
	Wellness visits, such as a physical	\$0	Authorization rules may apply.
	Transportation to a doctor's office	\$0	Unlimited transportation to plan-approved locations for the following: <ul style="list-style-type: none"> • Medically necessary covered services; • Picking up drug prescriptions; • Picking up medical supplies or other medically necessary covered equipment. Referral requirements may apply. Contact OneCare Connect Customer Service for details.
	Specialist care	\$0	Services may require a referral from your primary care provider.
	Care to keep you from getting sick, such as flu shots	\$0	



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	X-rays or other pictures, such as CAT scans	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Screening tests, such as tests to check for cancer	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
You need drugs to treat your illness or condition	Generic drugs (no brand name)	You pay \$0, \$1.25, or \$3.35 for a 30-day supply Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please see OneCare Connect’s List of Covered Drugs (Drug List) for more information. 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. The cost sharing for a 90-day supply is the same as for a one-month supply. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> 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, \$3.70, or \$8.35 for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please see OneCare Connect’s List of Covered Drugs (Drug List) for more information.</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. The cost sharing for a 90-day supply is the same as for a one-month supply.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see OneCare Connect's List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>Beneficiary must meet eligibility criteria to receive non-Medicare physical therapy and speech pathology. Eligibility for occupational therapy applies only to CBAS. Beneficiary must be 18 years or older and meet nursing facility level of care.</p>
You need emergency care	Emergency room services	\$0	<p>Prior authorization is not needed for emergency care services.</p> <p>Emergency room services are not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.</p>
	Ambulance services	\$0	



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Urgent care	\$0	Prior authorization is not needed for out of network urgent care. Coverage is limited to the United States and its territories.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	<p>Authorization rules may apply. Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
	Doctor or surgeon care	\$0	<p>Authorization rules may apply.</p> <p>Referral requirements may apply. Contact plan for details.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<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>Rehabilitation services include:</p> <ul style="list-style-type: none"> ▪ Cardiac (heart) rehabilitation services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks) ▪ Occupational therapy visit ▪ Non-Medicare occupational therapy service ▪ Physical therapy and speech and language therapy visit ▪ Speech and physical therapy services for CBAS enrollees <p>Beneficiary must meet eligibility criteria to receive non-Medicare occupational therapy. Eligibility for occupational therapy applies to only CBAS. Beneficiary must be 18 or older, and meet nursing facility level of care.</p>
	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>Authorization rules may apply.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Skilled nursing care	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>Our plan covers an unlimited number of days in a skilled nursing facility.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> 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 two years; or Up to one (1) pair of contact lenses every two years <p>Our plan pays up to \$100 every two years for contact lenses and eyeglasses (frames and lenses).</p>
You need hearing or auditory services	Hearing screenings	\$0	<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>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Hearing aids	\$0	Referral requirements may apply. Contact plan for details. Our plan pays up to \$1,510 per fiscal year for hearing aids (July 1–June 30). This includes molds, modification supplies and accessories.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. Diabetic services include: <ul style="list-style-type: none"> ▪ Diabetes monitoring supplies ▪ Therapeutic shoes or inserts
You have a mental health condition	Mental or behavioral health services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. Mental or behavioral health services include: <ul style="list-style-type: none"> ▪ Outpatient group therapy visit ▪ Outpatient individual therapy visit



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance abuse problem	Substance abuse services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. Substance abuse services include: <ul style="list-style-type: none"> ▪ Group therapy visit ▪ Individual therapy visit
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. <u>Inpatient visit:</u> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Except in an emergency, your doctor must notify OneCare Connect that you are going to be admitted to the hospital.
You need durable medical equipment (DME)	Wheelchairs	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.
	Crutches	\$0	Authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Walkers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.
You need help living at home	Changes to your home, such as ramps and wheelchair access	\$0	Please see “Other services OneCare Connect covers” under Additional Services. Please contact OneCare Connect for more information.
	Home health care services		Authorization rules may apply. Referral requirements may apply. Contact plan for details. Home health care services include: <ul style="list-style-type: none"> ▪ Additional hours of care ▪ Personal care services Home Health (Community-Based Adult Services enrollees)
	Adult day services or other support services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Nursing home care	\$0	

Other services that OneCare Connect covers



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

This is not a complete list. Call Customer Service or read the Member Handbook to find out about other covered services.

Other services covered by OneCare Connect	Your costs for <u>in-network</u> providers
Chiropractic Services	Authorization rules may apply. Referral requirements may apply. Contact plan for details. \$0 co-pay for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).



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Supplemental Dental Services	<p>Certain dental services, including dentures, are provided by the state's Denti-Cal program. For more information, call Denti-Cal at 1-800-322-6384. TDD/TTY users should call 1-800-735-2922.</p> <p>Additional Supplemental Dental Services are provided by LIBERTY Dental Plan, subject to limitations and exclusions and subject to your dental needs. For more information call LIBERTY Dental at 1-888-704-9838.</p> <p>\$0 co-pay for supplemental dental benefits.</p> <p>The plan covers additional preventive supplemental benefits which includes the following:</p> <ul style="list-style-type: none">▪ Nutritional counseling for control of dental disease▪ Tobacco counseling, control/prevention oral disease▪ Oral hygiene instruction <p>If the covered benefit is upgraded to include noble or high noble metal, the provider may charge you the additional lab cost of the upgraded metal.</p> <p>Porcelain/resin fused to metal crowns on molar teeth is considered an upgrade. If a porcelain/resin fused to metal crown on a molar tooth is provided, the provider may charge you the additional lab cost of the porcelain/resin.</p> <p>Porcelain/resin fused to base metal crowns are covered benefits for anterior and bicuspid teeth.</p> <p>If the covered anterior fixed bridge is upgraded to include noble or high noble metal, the provider may charge you the additional lab cost of the upgraded metal.</p> <p>GUIDELINES FOR PONTICS AND ABUTMENT CROWNS:</p>
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Fixed bridges are only covered as described below:

An anterior fixed bridge (porcelain fused to predominantly base metal) is covered subsequent to the recent extraction of up to two anterior teeth when:

- Those extracted teeth are the only missing teeth in the arch (other than 3rd molars), and;
- The attachment teeth immediately adjacent to the extraction site(s) have a good prognosis.

Appropriate procedure codes for an anterior fixed bridge are:

- D6241: the replacement tooth (pontic)
- D6751: an attachment crown for the tooth on the other side of the extraction space.

If the covered anterior fixed bridge is upgraded to include noble or high noble metal, the provider may charge the member the additional lab cost of the upgraded metal.

LIMITATIONS:

1. Crowns and pontics are benefits on the same tooth only once every five (5) years, and consistent with professionally recognized standards of dental practice.
2. Replacement of full and partial denture are covered once per arch every five (5) years, except when they cannot be made functional through relines or repair.
3. Denture relines are covered two (2) times per year, and only when consistent with professionally recognized standards of dental practice.



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

	Please refer to the Member Handbook for more details.
Foot Care (Podiatry Services)	Authorization rules may apply. Referral requirements may apply. Contact plan for details. \$0 co-pay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.
Institutional Care	Services may require a referral from your doctor. \$0 co-pay for: <ul style="list-style-type: none"> ▪ Institution for mental disease services for individual 65 or older ▪ Nursing home services
Prosthetic Devices (braces, artificial limbs, etc.)	Authorization rules may apply. \$0 co-pay for: <ul style="list-style-type: none"> ▪ Prosthetic devices ▪ Related medical supplies
Renal Dialysis	Authorization rules may apply. Referral requirements may apply. Contact plan for details. \$0 co-pay for dialysis services.
Preventive Care	Our plan covers many preventive services, including: <ul style="list-style-type: none"> ▪ Abdominal aortic aneurysm screening ▪ Alcohol misuse counseling ▪ Bone mass measurement ▪ Breast cancer screening (mammogram) ▪ Cardiovascular disease (behavioral therapy)



If you have questions, please call OneCare Connect at 1-855-705-8823, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at 1-800-735-2929. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

	<ul style="list-style-type: none"> ▪ Cardiovascular screenings ▪ Cervical and vaginal cancer screening ▪ Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) ▪ Depression screening ▪ Diabetes screenings ▪ HIV screening ▪ Medical nutrition therapy services ▪ Obesity screening and counseling ▪ Prostate cancer screenings (PSA) ▪ Sexually transmitted infections screening and counseling ▪ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) ▪ Vaccines, including flu shots, hepatitis B shots, pneumococcal shots ▪ “Welcome to Medicare” preventive visit (one-time) ▪ Yearly “wellness visit” <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>\$0 co-pay for:</p> <ul style="list-style-type: none"> ▪ Family planning services ▪ Tobacco cessation counseling for pregnant women
Health Education	\$0 copay.
Wellness / Education and Other Supplemental Benefits and Services	<p>Covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ▪ Health Club Membership/Fitness Classes. <p>The fitness benefit includes a membership to a contracted gym for 2018. Members may elect to receive up to two (2) home fitness kits in place of a gym membership.</p>
Additional Services	Authorization rules may apply. Referral requirements may apply. Contact



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

	<p>plan for details.</p> <p>\$0 co-pay for:</p> <ul style="list-style-type: none"> ▪ Case management ▪ Nursing facility resident chiropractic care and foot care ▪ Nursing facility resident vision and dental ▪ Nursing facility resident acupuncture ▪ Nursing facility resident hearing exams and hearing aids ▪ Multipurpose Senior Services Program (MSSP) – there is a \$4,285.00 plan coverage limit for MSSP every year. ▪ Non-emergency medical transportation ▪ Acupuncture (pregnant women) ▪ Transgender services ▪ Incontinence cream and diapers
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Benefits covered outside of OneCare Connect

This is not a complete list. Call Customer Service to find out about other services not covered by OneCare Connect but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
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Other services covered by Medicare or Medi-Cal	Your costs
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Certain dental services, including cleanings, fillings, and complete dentures	Services that are covered under the Medi-Cal Dental Program are not chargeable to you. However, you are responsible for your share of cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Medi-Cal.
Acupuncture	\$0 co-pay for outpatient acupuncture services are subject to a limit of two services in any one calendar month. Two-visit limit may be exceeded for medical necessity through the authorization process.

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

This is not a complete list. Call Customer Service to find out about other excluded services.

Services <u>not</u> covered by OneCare Connect Medicare, or Medi-Cal	
Prescription and non-prescription drugs not covered by law	<p>By law, the types of drugs listed below are not covered by OneCare Connect, Medicare, or Medi-Cal:</p> <ul style="list-style-type: none"> ▪ Drugs used to promote fertility ▪ Drugs used for cosmetic purposes or to promote hair growth ▪ Drugs used for the treatment of sexual or erectile dysfunction, such as Viagra®, Cialis®, Levitra®, and Caverject® ▪ Outpatient drugs when the company who makes the drugs say that you have to have tests or services done only by them



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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

Services or drugs received outside the United States and its territories	OneCare Connect does not cover medical services or drugs received outside the United States and its territories. Exceptions apply.
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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

Your rights as a member of the plan

As a member of OneCare Connect, 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 race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - » Get information in other formats (e.g., large print, braille, and/or audio)
 - » Be free from any form of physical restraint or seclusion
 - » Not be billed by network providers
 - » Have your questions and concerns answered completely and courteously
- **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 format you can understand. These rights include getting information on:
 - » Description of the services we cover
 - » How to get services
 - » How much services will cost you
 - » Names of health care providers and care managers
- **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 you can change your PCP at any time
 - » See 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 doctor advises against it
 - » Stop taking medicine
 - » Ask for a second opinion. OneCare Connect will pay for the cost of your second opinion visit.
 - » Create and apply an advance directive, such as a will or health care proxy.
- **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 medical care timely
 - » 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



If you have questions, please call OneCare Connect at 1-855-705-8823, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at 1-800-735-2929. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

OneCare Connect Cal MediConnect (Medicare-Medicaid Plan):

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- » Have interpreters to help you communicate with your doctors and your health plan. Call 1-855-705-8823 if you need help with this service
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - » Get emergency services, 24 hours a day, seven days a week, without prior approval in an emergency
 - » See 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 make complaints about your covered services or care.** This includes the right to:
 - » File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - » Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
 - » Ask for a state fair hearing from the State of California
 - » Get a detailed reason for why services were denied

For more information about your rights, you can read the OneCare Connect Member Handbook. If you have questions, you can also call OneCare Connect Customer Service.



If you have questions, please call OneCare Connect at 1-855-705-8823, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at 1-800-735-2929. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

OneCare Connect Cal MediConnect (Medicare-Medicaid Plan): Summary of Benefits

If you have a complaint or think we should cover something we denied

If you have a complaint or think OneCare Connect should cover something we denied, call OneCare Connect at **1-855-705-8823**. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the OneCare Connect Member Handbook. You can also call OneCare Connect Customer Service.

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 Connect Customer Service. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TDD/TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- OneCare Connect also has a Compliance and Ethics Hotline for reporting fraud that you can call toll-free at 1-877-837-4417.



If you have questions, please call OneCare Connect at 1-855-705-8823, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at 1-800-735-2929. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.



505 City Parkway West | Orange, CA 92868
www.caloptima.org

If you have questions or need help with your health care services, please call CalOptima's OneCare Connect Customer Service Department toll-free at **1-855-705-8823**, 24 hours a day, 7 days a week. We have staff who speak your language. TDD/TTY users can call **1-800-735-2929**. You can also visit our website at www.caloptima.org/onecareconnect.

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