

2019



Annual Notice of Change

OneCare Connect Cal MediConnect Plan
(Medicare-Medicaid Plan)



**OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)
ANNUAL NOTICE OF CHANGES FOR 2019**

**OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) offered
by CalOptima**

Annual Notice of Changes for 2019

Introduction

You are currently enrolled as a member of OneCare Connect. Next year, there will be some changes to the plan's benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.



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 **1-800-735-2929**. The call is free. For more information, visit **www.caloptima.org/onecareconnect**.

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A. Disclaimers

- ❖ OneCare Connect is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

OneCare Connect complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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.



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B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section F2 for more information.

If you choose to leave OneCare Connect, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 14 to see your choices).
- You will continue to be enrolled in CalOptima for your Medi-Cal benefits (go to page 14 for more information).

NOTE: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5 of your *Member Handbook* for information about drug management programs.

B1. Additional Resources

- **ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call Customer Service at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free
- **ATENCIÓN:** Si habla un idioma distinto al inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823**, las 24 horas al día, los 7 días de la semana. Usuarios de la línea TDD/TTY pueden llamar al **1-800-735-2929**. La llamada es gratuita.
- **CHÚ Ý:** Nếu quý vị không nói tiếng Anh, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-855-705-8823**, 24 giờ một ngày, 7 ngày một tuần. Thành viên sử dụng máy TDD/TTY có thể gọi đường dây miễn phí ở số **1-800-735-2929**. Cuộc gọi này miễn phí.
- توجه: اگر به زبانی غیر از زبان انگلیسی صحبت میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. لطفاً با شماره **1-855-705-8823** طی 7 روز هفته و در 24 ساعت شبانه روز تماس بگیرید. کاربران TDD/TTY میتوانند با شماره رایگان **1-800-735-2929** تماس بگیرند. این تماس رایگان است.
- 참고: 만약 영어가 아닌 다른 언어를 사용하신다면, 무료로 언어 도움 서비스를 받을수 있습니다. 번호 **1-855-705-8823** 으로 주7일 24시간 전화하십시오. TDD/TTY 사용자는 무료 번호 **1-800-735-2929** 로 전화하십시오. 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 **1-800-735-2929**. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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● ملاحظة: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل على 1-855-705-8823، على مدار 24 ساعة في اليوم و7 أيام في الأسبوع. يمكن لمستخدمي TDD/TTY الاتصال على الرقم 1-800-735-2929. المكالمات مجانية.

- 注意：如果您講除英語以外的其它語言，您可以獲得免費的語言服務。請致電1-855-705-8823，服務時間為每週7天，每天24小時。TDD/TTY 用戶可以撥打免費專線 1-800-735-2929。該電話為免費。
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call Customer Service at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free.
- You can also make a standing request to get materials in large print, braille, audio, Spanish, Vietnamese, Farsi, Korean, Arabic, or Chinese. 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

B2. Information about OneCare Connect

- 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.
- Coverage under OneCare Connect qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement for MEC.
- OneCare Connect is offered by CalOptima. When this Annual Notice of Changes says “we,” “us,” or “our,” it means CalOptima. When it says “the plan” or “our plan,” it means OneCare Connect.

B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D and E for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**



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- Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Look in section D2 for information about changes to our drug coverage.
- **Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

If you decide to stay with OneCare Connect:	If you decide to change plans:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.	If you decide other coverage will better meet your needs, you may be able to switch plans (see section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F, page 14, to learn more about your choices.



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 **1-800-735-2929**. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2019.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.caloptima.org/onecareconnect. You may also call Customer Service at **1-855-705-8823** for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.



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 **1-800-735-2929**. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The following table describes these changes.

	2018 (this year)	2019 (next year)
<i>Dental Services</i>	\$0 copay for limited dental services	Dental services are not covered.
<i>Hearing Services</i>	\$0 copay for hearing services.	\$0 copay for hearing services. For hearing aids, our plan pays up to \$500.00, above the Medi-Cal limit. This benefit may only be used once during the year.
<i>Non-Medical Transportation (NMT)</i>	<p>Unlimited transportation to plan-approved locations for the following:</p> <ul style="list-style-type: none"> • Medically necessary covered services; • Picking up drug prescriptions; • Picking up medical supplies or other medically necessary covered equipment. <p>Referral requirements may apply. Contact OneCare Connect Customer Service for details.</p>	<p>Unlimited transportation to plan-approved locations for the following:</p> <ul style="list-style-type: none"> • Medically necessary covered services; • Picking up drug prescriptions; • Picking up medical supplies or other medically necessary covered equipment. • Trips to/from the gym as the health club membership is offered as a benefit to the plan <p>Referral requirements may apply. Contact OneCare Connect Customer Service for details.</p>



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	2018 (this year)	2019 (next year)
<i>Podiatry Services</i>	\$0 copay	\$0 copay Our plan also offers podiatry services for routine foot care as a supplemental benefit, up to 12 visits per year.
<i>Vision care</i>	Our plan pays up to \$100 every two years for contact lenses, or eyeglasses (frames and lenses).	Our plan pays up to \$150 above the Medi-Cal limit, every two years for contact lenses, or eyeglasses (frames and lenses).
<i>Worldwide Emergency/ Urgent Coverage</i>	Not covered	You pay for your emergency and urgent care outside of the U.S. and we will reimburse you up to \$25,000 per year.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated List of Covered Drugs is located on our website at www.caloptima.org/onecareconnect. You may also call Customer Service at **1-855-705-8823**, TDD/TTY users can call **1-800-735-2929** for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

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

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at **1-855-705-8823** to ask for a list of covered drugs that treat the same condition. This list can help your provider find a covered drug that might work for you.



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- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, see Chapter 9 of the 2019 *Member Handbook* or call Customer Service at **1-855-705-8823**.
 - If you need help asking for an exception, you can contact Customer Service. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a temporary supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Starting in 2019, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes), you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2019, before we make other changes during the year to our Drug List that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a 30-day, rather than a 60-day, refill of your brand name drug at a network pharmacy.



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Formulary exceptions are granted for the calendar year and expire on December 31. If you have a current formulary exception, you may need to request a new exception next year. To find out if you need to request a new exception, please call Customer Service at 1-855-705-8823.

Changes to prescription drug costs

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

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2019.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$5,100. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

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

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

The following table shows your costs for drugs in each of our 3 drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.



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	2018 (this year)	2019 (next year)
Drugs in Tier 1 <i>(generic drugs)</i> Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0, \$1.25, or \$3.35 per prescription.	Your copay for a one month (30-day) supply is \$0 per prescription.
Drugs in Tier 2 <i>(brand-name drugs)</i> Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0, \$3.70, or \$8.35 per prescription.	Your copay for a one month (30-day) supply is \$0 per prescription until your total drug costs reach \$3,820, then your copays will be \$0, \$3.80 or \$8.50 per prescription.
Drugs in Tier 3 <i>(non-Medicare drugs)</i> Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one month (30-day) supply is \$0 per prescription.	Your copay for a one month (30-day) supply is \$0 per prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$5,100. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 for more information about how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit \$5,100 for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.



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E. Administrative changes

Cost	2018 (this year)	2019 (next year)
Dental Services	In 2018, dental services was offered through Liberty Dental	In 2019, dental services not covered
Inpatient Mental Health Care	In 2018, inpatient psychiatric hospital services require a referral	In 2019, inpatient psychiatric hospital services do not require a referral
Medicare-covered Glaucoma Screening	In 2018, Medicare-covered glaucoma screening requires prior authorization	In 2019, Medicare-covered glaucoma screening will not require prior authorization
Medicare-covered Diabetes Self-Management Training	In 2018, Medicare-covered diabetes self-management training requires prior authorization	In 2019, Medicare-covered diabetes self-management training will not require prior authorization
Other Medicare Covered Preventative Services	Not Applicable for 2018	In 2019, Medicare-covered Barium Enemas, Medicare-Covered Digital Rectal Exams, and Medicare-covered EKG following Welcome Visit will not require prior authorization



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F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not change to a Medicare Advantage Plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2019.

F2. How to leave OneCare Connect

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan or moving to Original Medicare.

NOTE: Effective January 1, 2019, if you're in a drug management program, you may not be able to change plans. See Chapter 5 of your *Member Handbook* for information about drug management programs.

If you leave OneCare Connect and do not join a Medicare Advantage Plan, you will go back to getting your Medicare and Medi-Cal services separately.

You will continue to get your Medi-Cal services through CalOptima. Your Medi-Cal services include most long-term services and supports and behavioral health care.

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



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 **1-800-735-2929**. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements and live within the service area, a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048 to enroll in the new Medicare-only health plan.</p> <p>For PACE inquiries, call 1-855-921-PACE (1-855-921-7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit http://www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from OneCare Connect when your new plan's coverage begins.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit http://www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from OneCare Connect when your Original Medicare coverage begins.</p>



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 **1-800-735-2929**. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.

You will automatically be disenrolled from OneCare Connect when your Original Medicare coverage begins.



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 **1-800-735-2929**. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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G. How to get help

G1. Getting help from OneCare Connect

Questions? We're here to help. Please call Customer Service at **1-855-705-8823** (TTY only, call **1-800-735-2929**). We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

Your 2019 Member Handbook

The *2019 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2019 Member Handbook* will be available by October 15, 2018. An up-to-date copy of the *2019 Member Handbook* is always available on our website at **www.caloptima.org/onecareconnect**. You may also call Customer Service at **1-855-705-8823** to ask us to mail you a *2019 Member Handbook*.

Our website

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

G2. Getting help from the Cal MediConnect Ombuds Program

The Cal MediConnect Ombuds Program can help you if you are having a problem with OneCare Connect. The ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is 1-855-501-3077.



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 **1-800-735-2929**. The call is free. For more information, visit **www.caloptima.org/onecareconnect**.

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G3. Getting help from the Health Insurance Counseling and Advocacy Program

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

G4. Getting help from Medicare

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

Medicare's Website

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage Plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage Plans.

You can find information about Medicare Advantage Plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on "Find health & drug plans.").

Medicare & You 2019

You can read the Medicare & You 2019 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (<http://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.



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 **1-800-735-2929**. The call is free. For more information, visit **www.caloptima.org/onecareconnect**.



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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.