

2022



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 2022**

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

Annual Notice of Changes for 2022

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. TTY users can call **711**. The call is free. **For more information**, visit **www.caloptima.org/onecareconnect**.

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A. Disclaimers

- ❖ 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.
- ❖ 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. Please call our Customer Service number at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call **711**.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the OneCare Connect *Member Handbook*.

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. Refer to section E2 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 (refer to to page 14).
- You will continue to be enrolled in CalOptima for your Medi-Cal benefits (refer to to page 14 for more information).

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. TTY users can call **711**. The call is free.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Departamento de Servicios para Miembros al **1-855-705-8823**, las 24 horas al día, los 7 días de la semana. Usuarios de la línea TTY deben llamar al **711**. La llamada es gratuita.
- **CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi văn phòng Dịch Vụ ở văn phòng Dịch Vụ ở số **1-855-705-8823**, 24 giờ một ngày, 7 ngày một tuần. Người sử dụng máy TTY có thể gọi số **711**. Cuộc gọi này miễn phí.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call **711**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

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- توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. لطفاً طی 24 ساعت شبانه روز و 7 روز هفته با شماره **1-855-705-8823**، کاربران TTY میتوانند با شماره **711** تماس بگیرند. تماس بگیرند. این تماس رایگان است.
- 참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 주 7일, 하루 24 시간운영되는 **1-855-705-8823 (TTY 711)** 번으로 전화해 주십시오. 통화는 무료입니다.
- 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 **1-855-705-8823 (TTY 711)**。一周7天,一天24小時。此通電話免費。
- ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل على الرقم **1-855-705-8823**، على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع. يمكن لمستخدمي TTY الاتصال على الرقم المجاني **711**. المكالمات مجانية.
- 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. TTY users can call **711**. The call is free.
- You can also make a standing request to get materials in threshold languages and/or alternate format.
 - Threshold languages available in Spanish, Vietnamese, Farsi, Korean, Chinese or Arabic.
 - Alternate formats available are large print, braille 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 **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call toll-free at **711**. The call is free.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call **711**. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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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 is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- 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 C and D for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you 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.
 - 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 www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage. (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)



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- Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - 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.**

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 (refer to section E2 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 E2, page 14, to learn more about your choices.



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C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out 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, refer to Chapter 3 of your *Member Handbook*.

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.



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	2021 (this year)	2022 (next year)
<i>Fitness benefit</i>	<p>The fitness benefits include a membership to a contracted gym. You may elect to receive up to two (2) home fitness kits in addition to a gym membership. Our goal is to improve your overall health and fitness. To that goal, if you prefer to work out at home, there is a selection of over thirty (30) Home Fitness Kits and access to Online classes.</p> <p>Fitness benefit includes an activity tracker.</p>	<p>You have the following options available at no cost to you:</p> <ul style="list-style-type: none"> ● Membership to participating fitness centers or YMCAs near you 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. ● 8,000+ on-demand videos through the website and mobile app digital library. ● You are eligible to receive one home fitness kit per benefit year from a variety of fitness categories. ● Healthy Aging Coaching sessions by telephone with a trained coach where you can discuss topics like exercise, nutrition, social isolation, and brain health. ● Activity Tracker ● Online Healthy Aging classes. ● Online quarterly newsletter.



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	2021 (this year)	2022 (next year)
<i>Hearing Aids</i>	<p>Hearing aid benefit is \$1,510 per fiscal year (July 1 - June 30), and includes molds, modification supplies and accessories.</p> <p>Plan provides \$1,000.00 of hearing hardware above the Medi-Cal limit of \$1,510 (for a total of \$2,510.00) per year. This Plan amount may be used for one ear or for two ears but may only be used once during the calendar year.</p>	<p>The maximum plan benefit coverage amount for hearing aid benefits is \$1,510 per fiscal year (July 1 - June 30). Replacement of hearing aids that are lost, stolen, or irreparably damaged due to circumstance beyond the recipient's control is not included in the \$1,510 maximum plan benefit coverage amount. Hearing aid benefits include molds, modifications, supplies, accessories, some repairs, training, adjustments, and fitting. Authorization may be required for some hearing aid services.</p> <p>Plan provides \$1,000 of hearing hardware above the Medi-Cal limit of \$1,510 (for a total of \$2,510) per year. This Plan amount may be used for one ear or for two ears, but may only be used once during the calendar year.</p>
<i>Over-the-Counter (OTC) Allowance</i>	<p>You pay a \$0 copay.</p> <p>\$75 benefit allowance per quarter (every 3 months) to purchase OTC products and supplies available through the OTC mail-order catalog. The quarterly allowance does not roll over to the following quarters.</p>	<p>You pay a \$0 copay.</p> <p>\$70 benefit allowance per quarter (every 3 months) to purchase OTC products and supplies available through the OTC mail-order catalog. The quarterly allowance does not roll over to the following quarters.</p>



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	2021 (this year)	2022 (next year)
<i>Chiropractic Services</i>	Requires prior authorization and a referral.	Will not require prior authorization or a referral.
<i>Podiatry Services</i>	Requires prior authorization and a referral.	Will not require prior authorization or a referral.
<i>Outpatient Mental Health Care</i>	Does not require prior authorization.	Will require prior authorization.
<i>Outpatient Hospital Services (Observation Services)</i>	Requires prior authorization.	Will not require prior authorization.
<i>Multipurpose Senior Services Program (MSSP)</i>	MSSP is covered through OneCare Connect.	<p>MSSP is no longer covered through OneCare Connect.</p> <p>You will continue to get all <u>non</u>-MSSP services through OneCare Connect.</p> <p>Effective January 1, 2022, the Department of Health Care Services (DHCS) will carve out MSSP from OneCare Connect and will be covered through the CalOptima 1915(c) MSSP Waiver Program.</p> <p>The MSSP services you get now will not change. The <u>way</u> you get MSSP services will be provided through the CalOptima 1915(c) MSSP Waiver Program and not through OneCare Connect.</p> <p>For more information about the MSSP program, please call CalOptima MSSP at 1-714-347-5780.</p>



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call **711**. The call is free. **For more information**, visit **www.caloptima.org/onecareconnect**.

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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**, 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 find out 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.
- 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, refer to 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.

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**.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call **711**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

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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, 2022.</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 **\$7,050**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, 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 find out if your drugs will be in a different tier, look them up in the Drug List.



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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.

	2021 (this year)	2022 (next year)
<p>Drugs in Tier 1 (generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (brand-name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription until your total drug costs reach \$4,130, then your copays will be \$0, \$4.00, or \$9.20 per prescription depending on the level of Extra Help you get.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription until your total drug costs reach \$4,430, then your copays will be \$0, \$4.00, or \$9.85 per prescription depending on the level of Extra Help you get.</p>
<p>Drugs in Tier 3 (non-Medicare drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one month (30-day) supply is \$0 per prescription.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$7,050. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information about how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit \$7,050 for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.



If you have questions, please call OneCare Connect at 1-855-705-8823, 24 hours a day, 7 days a week. TTY users can call 711. The call is free. For more information, visit www.caloptima.org/onecareconnect.

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E. How to choose a plan

E1. 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 2022.

E2. 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.

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:

1. You can change to:

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)

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For PACE inquiries, call 1-855-921-PACE (1-855-921-7223).

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 www.aging.ca.gov/HICAP/.

You will automatically be disenrolled from OneCare Connect when your new plan's coverage begins.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call **711**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

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<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from OneCare Connect when your Original Medicare coverage begins.</p>
<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from OneCare Connect when your Original Medicare coverage begins.</p>



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F. How to get help

F1. Getting help from OneCare Connect

Questions? We're here to help. Please call Customer Service at **1-855-705-8823** (TTY only, call 711). We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

Read Your 2022 Member Handbook

The *2022 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is 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 *2022 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*).

F2. 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. TTY users can call **711**. The call is free. **For more information**, visit **www.caloptima.org/onecareconnect**.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) ANNUAL NOTICE OF CHANGES FOR 2022

F3. 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 www.aging.ca.gov/HICAP/.

F4. 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 (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. (For information about plans, refer to to www.medicare.gov and click on "Find plans.")

Medicare & You 2022

You can read the *Medicare & You 2022* 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 (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. TTY users can call **711**. 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. TTY users can call **711**. You can also visit our website at www.caloptima.org/onecareconnect.