

2023



Annual Notice of Change

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



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

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.caloptima.org/OneCare. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.



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

**ONECARE (HMO D-SNP), A MEDICARE MEDI-CAL PLAN
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A. Disclaimers

- ❖ OneCare (HMO D-SNP) is a Medicare Advantage organization with a Medicare contract. Enrollment in OneCare depends on contract renewal. OneCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Contact OneCare Customer Service toll-free at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the OneCare *Member Handbook*.

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

When this Annual Notice of Changes says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section E** for more information.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

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

- Medicare options in the table in **Section E2** on page 13.
- Medi-Cal services in **Section E2** on page 15.

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 **1-877-412-2734**, 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 **1-877-412-2734** (TTY 711), las 24 horas al día, los 7 días de la semana. Esta llamada es gratuita.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-412-2734** (TTY 711), 24 giờ một ngày, 7 ngày một tuần. Cuộc gọi này hoàn toàn miễn phí.



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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 **1-877-412-2734 (TTY 711)** تماس بگیرید. این تماس رایگان است.

참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 주 7일, 하루 24시간 운영되는 **1-877-412-2734 (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 **1-877-412-2734 (TTY 711)**。一周7天,一天24小時。此通電話免費。

ملاحظة: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. اتصل على **1-877-412-2734**، 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 **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free.
- You can also make a standing request to get materials in threshold languages and/or alternate format.
 - Threshold languages available in Spanish, Vietnamese, Farsi, Korean, Chinese or Arabic.
 - Alternate formats available are large print, braille, data CD, or audio.
 - Your standing request will be kept in our system for all future mailings and communications.
 - To cancel or make a change to your standing request please call **1-877-412-2734**, 24 hours a day, 7 days a week. TTY users can call toll-free at **711**. The call is free.

B2. Information about our plan

- OneCare (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under OneCare is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.



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B3. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they will work for you next year.
 - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternative drugs that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits 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?
 - Refer to **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.**



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If you decide to stay with OneCare:	If you decide to change plans:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in OneCare.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section E2 for more information). If you enroll in a new plan, or change to Original Medicare your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2023.

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/OneCare. You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2022 (this year) CMC	2023 (next year) EAE D-SNP
Partial hospitalization services	Requires a referral.	Does not require a referral.
Psychiatric Services	Requires prior authorization.	Does not require prior authorization.



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	2022 (this year) CMC	2023 (next year) EAE D-SNP
Over-the-Counter (OTC) Allowance	\$70 allowance or spending limit per quarter (every 3 months) to purchase OTC items and supplies available through the OTC mail-order catalog. This benefit becomes valid on the first day of each quarter: January, April, July and October; any remaining balance does not carry over to the next quarter(s).	\$80 allowance or spending limit per quarter (every 3 months) to purchase OTC items and supplies available through the OTC mail-order catalog. This benefit becomes valid on the first day of each quarter: January, April, July and October; any remaining balance does not carry over to the next quarter(s).
In-Home Support Services – Companion Care	This benefit is not available to OneCare Connect members.	Services include assisting members with transportation, light housework, companionship, technology assistance, exercise, and grocery and medication deliveries, etc. The plan covers up to ninety (90) annual hours to help with activities of daily living (non-medical services). Requires a referral and is at no cost to the member.
Enhanced Drug Benefit	Not covered.	Erectile dysfunction drug treatment covers 4 tablets per month (generic).
Outpatient Hospital Services (<i>Observation Services</i>)	Does not require prior authorization.	Requires prior authorization.



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	2022 (this year) CMC	2023 (next year) EAE D-SNP
Vision Care	<p>In-Network</p> <p>\$0 copayment for exam to diagnosis and treat diseases and conditions of the eye (including yearly glaucoma screening).</p> <p>\$0 copayment for routine eye exams (for up to 1 every year).</p> <p>Our plan pays up to \$300 for eyeglasses (frames and lenses) or contact lenses every two years.</p> <p>\$0 copayment for eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network</p> <p>\$0 copayment for exam to diagnosis and treat diseases and conditions of the eye (including yearly glaucoma screening).</p> <p>\$0 copayment for routine eye exams (for up to 1 every year).</p> <p>Our plan pays up to \$250 for eyeglasses (frames and lenses) or contact lenses every year.</p> <p>\$0 copayment for eyeglasses or contact lenses after cataract surgery.</p>

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.caloptima.org/OneCare. You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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

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

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

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page or contact your personal care coordinator to ask for a list of covered drugs that treat the same condition.



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- This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Formulary exceptions are granted for the calendar year and expire on December 31. If you have a current formulary exception, you may need to request a new exception next year. To find out if you need to request a new exception, please call Customer Service at **1-877-412-2734**.

Changes to prescription drug costs

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

Stage 1 Initial Coverage Stage	Stage 2 Coverage Gap Stage	Stage 3 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage after you pay a certain amount of total drug costs.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2023.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total drug costs for prescription drugs reaches **\$4,660**. At that point, the Coverage Gap Stage begins. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.



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The Part D EOB that you receive will help you keep track of how much you, the plan, and any third parties have spent on your behalf during the year. Many people do not reach the **\$4,660** limit in a year.

We will let you know if you reach this amount. If you do reach this amount, you will leave the Initial Coverage Stage and move on to the Coverage Gap Stage.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

D3. Stage 1: “Initial Coverage Stage”

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

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

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

	2022 (this year)	2023 (next year)
<p>Drugs in Tier 1 (<i>generic drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (<i>brand name drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription 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>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>



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The Initial Coverage Stage ends when your total drug costs for the year reach **\$4,660**. At that point the Coverage Gap Stage begins. Refer to **Chapter 6** of your *Member Handbook* for more information how much you pay for prescription drugs.

D4. Stage 2: “Coverage Gap Stage”

When you reach the total drug costs **\$4,660** for your prescription drugs, the Coverage Gap Stage begins.

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

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

	2022 (this year)	2023 (next year)
<p>Drugs in Tier 1 <i>(generic drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 <i>(brand name drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.</p>	<p>Your copay for a one-month (30-day) supply is \$0, \$4.30, or \$10.35 per prescription.</p>

The Coverage Gap Stage ends when your total out-of-pocket costs reach **\$7,400**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you pay for prescription drugs.



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D5. Stage 3: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$7,400** for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2023.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

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

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example:

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



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Your Medicare services

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

<p>1. You can change to:</p> <p>Another Medicare health plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For 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. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Unless you have moved out of your county, your Medi-Cal membership will continue with OneCare.</p>
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If you have questions, please call OneCare at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

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2. You can change to:

Original Medicare with a separate Medicare prescription drug plan

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.

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. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

OR

Enroll in a new Medicare prescription drug plan.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan will not change.



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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 have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

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.

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. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan will not change.

Your Medi-Cal services

For questions about how to get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.



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F. Getting help

F1. Our plan

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2023. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2023 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.caloptima.org/OneCare. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2023.

Our website

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

F2. Health Insurance Counseling and Advocacy Program (HICAP)

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



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

**ONECARE (HMO D-SNP), A MEDICARE MEDI-CAL PLAN
ANNUAL NOTICE OF CHANGES FOR 2023**

F3. Ombuds Program

The Health Consumer Alliance Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Consumer Alliance 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 Health Consumer Alliance Ombuds Program is 1-888-804-3536.

F4. Medicare

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

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2023

You can read the *Medicare & You 2023* 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. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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



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

If you have questions or need help with your health care services, please call CalOptima Health's OneCare Customer Service Department toll-free at **1-877-412-2734**, 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/OneCare.