



Summary of Benefits

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



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Introduction

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

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

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A. Disclaimers



This is a summary of health services covered by OneCare for January 1-December 31, 2023. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the *Member Handbook* is available on our website at www.caloptima.org/OneCare. You may also call Customer Service at **1-877-412-2734 (TTY 711)** to ask us to mail you a *Member Handbook*.

- ❖ OneCare (HMO D-SNP) 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.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-412-2734 (TTY 711)**, 7 days a week, 24 hours a day. 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.
 - Alternative formats are available in 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 Customer Service number at **1-877-412-2734**, 24 hours a day, 7 days a week. TTY users can call **711**. The call is free.



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

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



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

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



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

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



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C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	Doctor or surgeon care	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	Outpatient hospital services, including observation	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	Ambulatory surgical center (ASC) services	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	Authorization rules may apply.
	Specialist care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Wellness visits, such as a physical	\$0	Authorization rules may apply.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	“Welcome to Medicare” (preventive visit, one time only)	\$0	



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



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



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



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



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services (continued)</p>	<p>Inpatient and outpatient care and community-based services for people who need mental health services.</p>	<p>\$0</p>	<p>For questions about behavioral health call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711), 24 hours a day, 7 days a week.</p> <p>Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641, 24 hours a day, 7 days per week.</p>
<p>You need a substance use disorder services</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>Substance abuse services include:</p> <ul style="list-style-type: none"> ● Group therapy visit ● Individual therapy visit <p>For questions about behavioral health and substance abuse services call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711), 24 hours a day, 7 days a week.</p> <p>Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641, 24 hours a day, 7 days per week.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Nursing home care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.



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



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<p>You need help getting to health services (continued)</p>	<p>Transportation to medical appointments and services (continued)</p>	<p>\$0</p>	<p><u>Non-Medical Transportation</u> Unlimited transportation to plan approved locations for medically necessary covered services. Coverage also includes unlimited trips to and from the gym as the health club membership is offered as supplemental benefit under this plan.</p> <ul style="list-style-type: none"> ● Modes of transportation available: <ul style="list-style-type: none"> ○ Daily/monthly bus passes ○ OC Access vouchers ○ Personal driver mileage reimbursement ○ Taxi <p>Schedule your transportation at least two business days in advance by calling 1-866-612-1256. TTY users can call 711.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
	Generic drugs (no brand name)	You pay \$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to OneCare’s <i>List of Covered Drugs</i> (Drug List) for more information. 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.



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<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>You pay \$0, \$4.30 or \$10.35 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 refer to OneCare’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You pay \$0 per prescription until your total drug costs reach \$4,660. Then you pay \$0, \$4.30, or \$10.35 per prescription. When your total out-of-pocket costs reach \$7,400, you pay \$0 per prescription.</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>You need help getting better or have special health needs</p>	<p>Rehabilitation services</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>Authorization rules may apply. Contact plan for details.</p>
	<p>Dialysis services</p>	<p>\$0</p>	<p>Referral requirements may apply. Contact plan for details.</p>



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You need foot care	Podiatry services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Orthotic services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the Member Handbook.	Wheelchairs, crutches, and walkers	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.



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You need help living at home (This service is continued on the next page)	Home health services	\$0	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)
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	For information contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000. If you need help or would like to find out which Community Supports may be available for you, call 1-877-412-2734 (TTY 711) or call your health care provider.
	Adult day health, Community-Based Adult Services (CBAS), or other support services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Day habilitation services	\$0	If you need help or would like to find out which Community Supports may be available for you, call 1-877-412-2734 (TTY 711) or call your health care provider.



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

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. For information contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000.
Additional covered services (This service is continued on the next page)	Chiropractic Services	\$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).	
	Diabetes supplies and services	\$0	Authorization rules may apply. Contact plan for details.
	Enhanced Drug Benefit	\$0	Erectile dysfunction drug treatment covers 4 tablets per month (generic).
	In-Home Support Services – Companion Care	\$0	Members are eligible for up to ninety (90) hours of services per year. A referral is <u>required</u> and members must use CalOptima Health’s contracted provider/vendor.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Over the Counter Items	\$0	\$80 allowance or spending limit per quarter to order products that do not require a prescription such as cold and cough preparations. Items will be shipped directly to your home and any remaining balance does not carry over to the next quarter. You will receive a mail-order catalog with ordering instructions and details about the items you can purchase with your allowance.
	Prosthetic services	\$0 co-pay for <ul style="list-style-type: none"> • Prosthetic devices • Related medical supplies 	Authorization rules may apply. Contact plan for details.
	Radiation therapy	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Services to help manage your disease	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.

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



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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D. Benefits covered outside of OneCare

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

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	For cost information contact Medi-Cal Dental (Smile California Medi-Cal Dental Program) at 1-800-322-6384 (TTY 1-800-735-2922 or 711).
In-home Supportive Services (IHSS)	For cost information contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000.
Specialty mental health and substance use disorder services	For cost information contact County Specialty Mental Health Plan at 1-800-723-8641.
Assisted Living Waiver	For cost information go to https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx .
Multipurpose Senior Services Program (MSSP)	For information go to https://www.caloptima.org/ForMembers/Medi-Cal/Benefits/OtherPrograms/MSSP.aspx .
Regional Center Services	For cost information contact Regional Center of Orange County at 1-714-796-5100.



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

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan 2023 Summary of Benefits

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

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

Services OneCare, Medicare, and Medi-Cal do not cover	
Prescription and non-prescription drugs not covered by law	<p>By law, the types of drugs listed below are not covered by OneCare, Medicare, or Medi-Cal:</p> <ul style="list-style-type: none"> • Drugs used to promote fertility • Drugs used for cosmetic purposes or to promote hair growth • Outpatient drugs when the company who makes the drugs say that you have to have tests or services done only by them
Paramedic Services	<p>Paramedic Services are emergency medical treatments given at the scene by a paramedic. Call your city hall for information on coverage.</p>
Drugs received outside the United States and its territories	<p>OneCare does not cover drugs received outside the United States and its territories. Exceptions may apply.</p>



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

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F. Your rights as a member of the plan

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

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



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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- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. OneCare will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature



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- Appeal certain decisions made by DMHC or our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

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

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

G. How to file a complaint or appeal a denied service

If you have a complaint or think OneCare should cover something we denied, call Customer Service at the numbers listed at the bottom of this page. You may be able to appeal our decision.

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

You can ask for help from any of the following.

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



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

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H. What to do if you suspect fraud

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

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

- Call us at OneCare Customer Service. Phone numbers are **1-877-412-2734** (TTY 711) or the numbers listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

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

1-877-412-2734

Calls to this number are free. 24 hours a day, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

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If you have questions about your health:

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

1-844-447-8441

Calls to this number are free. 24 hours a day, 7 days a week. OneCare also has free language interpreter services available for non-English speakers.

1-844-514-3774 TTY 711

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

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

1-855-877-3885

Calls to this number are free. 24 hours a day, 7 days a week. OneCare also has free language interpreter services available for non-English speakers.

TTY 711

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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.



CalOptima Health, A Public Agency
 505 City Parkway West, Orange, CA 92868

caloptima.org/OneCare

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