OneCare Connect
CalOptima
A Public Agency
Better. Together.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Medicare OneCare Connect Cal MediConnect (Medicaid) Plan Application Form

To join a Medicare-Medicaid Plan, you must have Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), and Medi-Cal.

Choose a health plan:

☐ OneCare Connect

Your Information:

Name: (first, middle, last)			
Date of birth: **(_ _ / _ _ / _ _ _ _)** **M M D D Y Y Y Y**			**Sex:** ☐ **Female** ☐ **Male**
Phone number:	**Second phone number:**		**Email address:**
Home address:			
City:	**State:**	**ZIP code:**	**County (optional):**
Mailing address (if different from home address):			
City:	**State:**	**ZIP code:**	**County (optional):**
Emergency contact name:		**Emergency contact phone number:**	

Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:

☐ Spanish	☐ Vietnamese	☐ Farsi	☐ Korean
☐ Chinese	☐ Arabic	☐ braille, audio tape or large print	

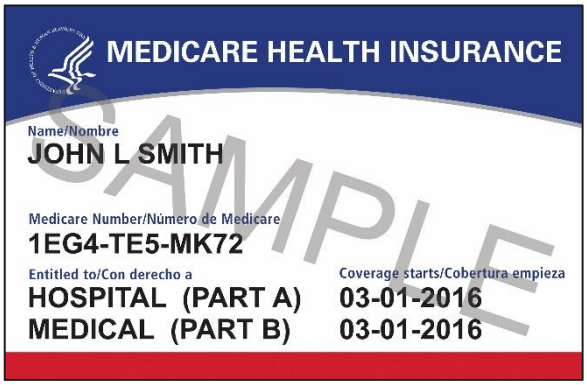
Please contact OneCare Connect at **1-855-705-8823** if you need information in an accessible format or language other than what is listed above Our office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. TDD/TTY users should call **1-800-735-2929**.

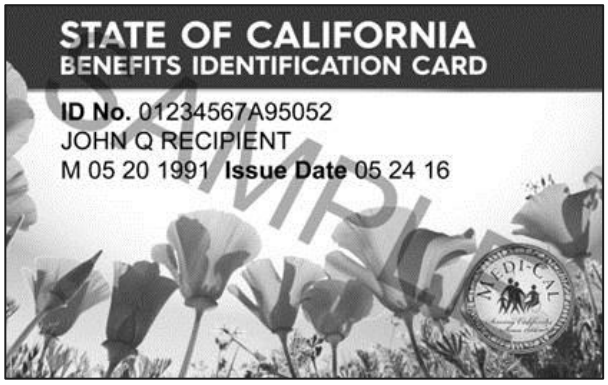
Tell us where you usually get health services:

Name of your primary care provider, clinic or health center:	**Phone:**

Tell us about your Medicare and Medi-Cal coverage:

Fill in your Medicare and Medi-Cal information below. You can find this information on your red, white and blue Medicare card, or a letter from Social Security or the Railroad Retirement Board. Also, please write your Medi-Cal ID number as it appears on the front of your card.





Name (as it appears on your Medicare card):	
Medicare Number:	
Is Entitled to:	**Effective Date:**
Hospital (Part A):	
Medical (Part B):	
You must have Medicare Part A and Part B to join an MMP plan.	

Name (as it appears on your Medicaid card):
Medicaid number:

Other personal information:

Do you have end-stage renal disease (ESRD)? If "yes" and you've had a successful kidney transplant and/or no longer need regular dialysis, please attach a note from your doctor.		☐ Yes ☐ No
Do you live in a long-term care facility? If "yes," fill in the information below:		☐ Yes ☐ No
Name of the facility:		**Phone:**
Do you work? ☐ Yes ☐ No	**Are you married?** ☐ Yes ☐ No	**Does your spouse work?** ☐ Yes ☐ No

Information about your health & prescription drug coverage:

Some people have other health insurance or drug coverage through private insurance, TRICARE, employers, unions, Veterans Affairs, or the State Pharmaceutical Assistance Programs (SPAPs).

Do you have other health coverage? ***If "yes," fill in the information below*** ☐ Yes ☐ No	
Name of your plan *(and employer, if applicable)*:	**Group number:**
	ID number:
Name of your plan *(and employer, if applicable)*:	**Group number:**
	ID number:
Name of your plan *(and employer, if applicable)*:	**Group number:**
	ID number:
Name of your plan *(and employer, if applicable)*:	**Group number:**
	ID number:
Name of your plan *(and employer, if applicable)*:	**Group number:**
	ID number:

If you have health coverage from an employer or union right now, you (or your dependents) could lose that coverage when you join OneCare Connect. Your employer or union can give you more information about your coverage. If you have questions, talk with the person in your office who takes care of benefits.

Please read and sign below.

When you sign this form, it means that you understand:

- OneCare Connect has a contract with the federal government and with the State of California.

- The health services you get with your new plan may be different than the services you had before.
- I must keep Medicare Parts A-and B, and Medi-Cal.
- I can be in only one Medicare plan at a time.
- By joining OneCare Connect, I'll end my enrollment in another Medicare health or prescription drug plan.
- I must tell Medicare and Medi-Cal about any prescription drug coverage that I have or may get in the future.
- If I move, I need to tell OneCare Connect.
- As a member of OneCare Connect, I have the right to appeal if I don't agree OneCare Connect's decisions about payment or services.
- I understand that the OneCare Connect's Member Handbook (Evidence of Coverage) includes the rules I must follow.
- OneCare Connect doesn't usually cover people while they're out of the country, but there may be some limited coverage near the U.S. border.
- On the date OneCare Connect coverage begins, I must get my health care from OneCare Connect providers, except for emergency or urgently needed care, out-of-area dialysis or if I get OneCare Connect or California approval to see other providers in some circumstances.
- OneCare Connect will cover my health care with OneCare Connect doctors and other providers as outlined in the Member Handbook (Evidence of Coverage) to see what services are covered.
- If I need to see a provider or other provider who isn't in OneCare Connect, I may need prior authorization or I may have to pay out-of-pocket for the services I get.
- I understand that if a sales agent, broker, or other individual employed by or contracted with OneCare Connect is helping me, OneCare Connect may pay that person when they enroll me.
- By joining OneCare Connect, I know that OneCare Connect may share my information with Medicare and Medi-Cal and other plans as necessary for treatment, payment, and health care operations.
- I understand that prescription drugs are covered, but not always the same ones I'm already taking. I understand that I'll have access to my current drugs for at least 30 days, until I can switch to a different drug, and that I'll have access to my current providers for a period up to 12 months for Medicare services and a period of up to 12 months for Medi-Cal services once I join OneCare Connect. I further understand that OneCare Connect has providers and pharmacies I must use to get health care services, except for non-routine, emergency situations.
- I know that OneCare Connect may share my information including my prescription drug coverage with Medicare and Medi-Cal. They may release it for research and other purposes, as allowed by federal statutes and regulations.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I'll be disenrolled from OneCare Connect.
- My signature (or my authorized representative's signature) on this form means that I've read and understood this form. If an authorized representative signs, the person's signature means that he or she is authorized under State law to complete this enrollment, and documentation of this authority is available upon request from Medicare and/or Medi-cal.

Your signature:	**Date:**

Information about your authorized representative, if applicable: If you're the authorized representative, you must provide the following information, sign, and date below:	
Name *(please print)*:	
Signature:	
Date:	
Address:	
Phone number:	
Relationship to person with Medicare and Medicaid:	

For more information, visit www.caloptima.org. **If you have questions,** call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users should call **1-800-735-2929**. This call is free. You can get this information for free in other languages and formats, like large print, braille, and audio.

Office Use Only

Name of staff member ***(if assisted enrollment)***	
Plan ID#:	**Effective date of coverage:**
SEPs: ☐ ICEP/IEP ☐ OEP ☐ AEP ☐ SEP (type) ☐ Not Eligible	
CMS approved *(MM/DD/YY)*:	**Preferred language:**
Health network:	
PCP name:	

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. The benefit information is a brief summary, not a complete description of benefits. Limitations, co-pays, and restrictions may apply. For more information, call OneCare Connect Customer Service or read the OneCare Connect Member Handbook. Benefits and/or co-payments may change on January 1 of each year. For more information, visit www.caloptima.org/onecareconnect. If you have questions, call OneCare Connect toll-free at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at **1-800-735-2929**.

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-855-705-8823** (TTY: **1-800-735-2929**).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823** (TTY: **1-800-735-2929**).

Chinese: 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:

1-800-735-2929).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-705-8823** (TTY: **1-800-735-2929**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-705-8823** (TTY: **1-800-735-2929**).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-705-8823** (TTY: **1-800-735-2929**)번으로 전화해 주십시오.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-855-705-8823** (TTY (հեռատիպ)՝ **1-800-735-2929**):

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

باشماره **1-855-705-8823** (TTY: **1-800-735-2929**) تماس بگیرید.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-705-8823** (телетайп: **1-800-735-2929**).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-855-705-8823** (TTY: **1-800-735-2929**)まで、お電話にてご連絡ください。

Arabic:

ملحوظة: إذا كنت تتحدث بلغة أخري غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل علي الرقم

1-855-705-8823 (الهاتف النصي/خط الاتصال لضعاف السمع TTY: **1-800-735-2929**).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-855-705-8823 (TTY: **1-800-735-2929**) 'ਤੇ ਕਾਲ ਕਰੋ।.

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-855-705-8823** (TTY: **1-800-735-2929**).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-855-705-8823** (TTY: **1-800-735-2929**).

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-855-705-8823** (TTY: **1-800-735-2929**) पर कॉल करें।.

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-855-705-8823** (TTY: **1-800-735-2929**).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-855-705-8823 (TTY: 1-800-735-2929)**.