



Summary of Benefits

OneCare Connect Cal MediConnect Plan
(Medicare-Medicaid Plan)



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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

Introduction

This document is a brief summary of the benefits and services covered by OneCare Connect Cal MediConnect (Medicare-Medicaid 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 Connect. 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 Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call toll-free at **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

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A. Disclaimers

 This is a summary of health services covered by OneCare Connect Cal MediConnect (Medicare-Medicaid Plan) for January 1-December 31, 2020. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ 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.
- ❖ Under OneCare Connect you can get your Medicare and Medi-Cal services in one health plan. A OneCare Connect personal care coordinator will help manage your health care needs.
- ❖ 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*.
- ❖ 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 **1-800-735-2929**.
- ❖ 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**).
- ❖ ATENCIÓN: Si habla un idioma distinto al inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823** (TTY: **1-800-735-2929**).
- ❖ CHÚ Ý: Nếu quý vị không nói tiếng Anh, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi số **1-855-705-8823** (TTY: **1-800-735-2929**).
- ❖ توجه: اگر به زبانی غیر از انگلیسی صحبت میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن **1-855-705-8823** (TTY: **1-800-735-2929**) تماس بگیرید.
- ❖ 참고: 영어가 아닌 다른 언어를 사용하시면, 무료 언어 도움을 이용하실 수 있습니다. 전화번호 **1-855-705-8823** (TTY: **1-800-735-2929**)로 전화하십시오.
- ❖ 注意: 如果您講英語以外的語言, 您可以免費獲得語言協助服務。請致電 **1-855-705-8823** (TTY: **1-800-735-2929**)。
- ❖ تنبيه: إذا كنت تتحدث لغة أخرى غير اللغة الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. اتصل على الرقم **1-855-705-8823** (TTY: **1-800-735-2929**).

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- ❖ You can get this document for free in other formats, such as large print, braille or audio. Call **1-855-705-8823**, 24 hours a day, 7 days a week. TTY users can call toll-free at **1-800-735-2929**. The call is free.
- ❖ You can also make a standing request to get materials in threshold languages and/or alternate format.
 - Preferred threshold languages available in Spanish, Vietnamese, Korean, Arabic, Chinese or Farsi.
 - Alternate formats available are large print, braille or audio.
 - Your standing request will be saved 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 **1-800-735-2929**. The call is free.



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B. Frequently Asked Questions

The following chart lists frequently asked questions

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect Plan?	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has personal care coordinators to help you manage all your providers and services. They all work together to provide the care you need. OneCare Connect (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
What is a OneCare Connect personal care coordinator?	A OneCare Connect personal care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	LTSS are for beneficiaries who need assistance to do everyday tasks like taking a bath, 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. LTSS include the following programs: Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).



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Will you get the same Medicare and Medi-Cal benefits in OneCare Connect that you get now?	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from OneCare Connect. 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.</p> <p>When you enroll in OneCare Connect, 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. Also, if you are taking any Medicare Part D prescription drugs that OneCare Connect 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 Connect to cover your drug if medically necessary.</p>
Can you go to the same doctors you see now?	<p>Often that is the case. If your providers (including doctors and pharmacies) work with OneCare Connect and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> ● Providers who have an agreement with us are “in-network.” You must use the providers in OneCare Connect’s network. ● If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of OneCare Connect’s plan. <p>To find out if your doctors are in the plan’s network, call Customer Service or read OneCare Connect’s <i>Provider and Pharmacy Directory</i>.</p> <p>If OneCare Connect is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for 12 months.</p>
What happens if you need a service but no one in OneCare Connect’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, OneCare Connect will pay for the cost of an out-of-network provider.</p>

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Frequently Asked Questions (FAQ)	Answers
Where is OneCare Connect available?	The service area for this plan includes: Orange County, California. You must live in this area to join the plan.
Do you pay a monthly amount (also called a premium) under OneCare Connect?	You will not pay any monthly premiums to OneCare Connect for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from OneCare Connect before you can get a specific service or drug or see an out-of-network provider. OneCare Connect may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. OneCare Connect can provide you with a list of services or procedures that require you to obtain prior authorization from OneCare Connect before the service is provided.</p> <p>See Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, OneCare Connect may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>See Chapter 3, of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>



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<p>What is Extra Help?</p>	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”</p> <p>Your prescription drug copays under OneCare Connect already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p>Who should you contact if you have questions or need help? (continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call OneCare Connect Customer Service:</p> <p>CALL 1-855-705-8823</p> <p style="padding-left: 40px;">Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p style="padding-left: 40px;">Customer Service also has free language interpreter services available for people who do not speak English.</p> <p>TTY 1-800-735-2929</p> <p style="padding-left: 40px;">Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>

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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	<p>If you have questions about your health, please call the Nurse Advice Call line: CALL 1-844-447-8441</p> <p style="text-align: center;">Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 1-844-514-3774</p> <p style="text-align: center;">Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line: CALL 1-855-877-3885</p> <p style="text-align: center;">Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 1-800-735-2929</p> <p style="text-align: center;">Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>

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C. Overview of Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor (This service is continued on the next page)	Visits to treat an injury or illness	\$0	Authorization rules may apply.
	Wellness visits, such as a physical	\$0	Authorization rules may apply.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want to see a doctor (This service is continued from the previous page and continued on the next page)</p>	<p>Transportation to a doctor's office</p>	<p>\$0</p>	<p><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.</p> <p>Prior scheduling rules may apply. To schedule non-emergency medical transportation call Customer Service at 1-855-705-8823. TTY users can call the state relay service at 1-800-735-2929.</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 a 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 ○ Mileage reimbursement ○ Taxi <p>Schedule your transportation at least two business days in advance by calling 1-855-306-0590. TTY users can call toll-free at 1-800-735-2929.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor (continued from previous page)	Specialist care	\$0	Services may require a referral from your primary care provider.
	Care to keep you from getting sick, such as flu shots	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	X-rays or other pictures, such as CAT scans	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Screening tests, such as tests to check for cancer	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.



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Health need or problem	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>	<p>Generic drugs (no brand name)</p>	<p>You pay \$0, \$1.30, or \$3.60 for a 30-day supply. 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 see OneCare Connect'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 \$2,750. Then you pay \$0, \$1.30, or \$3.60 per prescription.</p> <p>When your total out-of-pocket costs reach \$6,350, 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>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p>



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<p>You need drugs to treat your illness or condition (continued from previous page)</p>	Brand name drugs	<p>You pay \$0, \$3.90, or \$8.95 for a 30-day supply. 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 see OneCare Connect'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 \$2,750. Then you pay \$0, \$3.90, or \$8.95 per prescription.</p> <p>When your total out-of-pocket costs reach \$6,350, 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>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p>
	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see OneCare Connect's <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in his or her 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.</p>



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You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>Beneficiary must meet eligibility criteria to receive non-Medicare physical therapy and speech pathology. Eligibility for occupational therapy applies only to CBAS. Beneficiary must be 18 years or older and meet nursing facility level of care.</p>
You need emergency care	Emergency room services	\$0	<p>Prior authorization is not needed for emergency care services.</p> <p>You pay for your emergency and urgent care outside of the U.S. and we will reimburse you up to \$50,000 per year. Contact plan for details.</p>
	Ambulance services	\$0	
	Urgent care	\$0	<p>Prior authorization is not needed for out of network urgent care.</p> <p>You pay for your emergency and urgent care outside of the U.S. and we will reimburse you up to \$50,000 per year.</p>



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You need hospital care	Hospital stay	\$0	Authorization rules may apply. Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
	Doctor or surgeon care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Ambulatory Surgery Center	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.


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<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>Rehabilitation services include:</p> <ul style="list-style-type: none"> • Cardiac (heart) rehabilitation services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks) • Occupational therapy visit • Non-Medicare occupational therapy service • Physical therapy and speech and language therapy visit • Speech and physical therapy services for CBAS enrollees <p>Beneficiary must meet eligibility criteria to receive non-Medicare occupational therapy. Eligibility for occupational therapy applies to only CBAS. Beneficiary must be 18 or older, and meet nursing facility level of care.</p>
	Medical equipment for home care	\$0	Authorization rules may apply.
	Skilled nursing care	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>Our plan covers an unlimited number of days in a skilled nursing facility.</p>



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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 two years; or Up to one (1) pair of contact lenses every two years <p>Our plan pays up to \$300 above the state Medi-Cal limit every two years for contact lenses, or eyeglasses (frames and lenses).</p>



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You need hearing or 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	Referral requirements may apply. Contact plan for details. Our plan pays up to \$1,000 above the state Medi-Cal limit per fiscal year for hearing aids (July 1–June 30). This includes molds, modification supplies and accessories.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Diabetes supplies and services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. Diabetic services include: <ul style="list-style-type: none"> ● Diabetes monitoring supplies ● Therapeutic shoes or inserts

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You have a mental health condition	Mental or behavioral health services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. Mental or behavioral health services include: <ul style="list-style-type: none"> ● Outpatient group therapy visit ● Outpatient individual therapy visit
You have a substance abuse problem	Substance abuse services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. Substance abuse services include: <ul style="list-style-type: none"> ● Group therapy visit ● Individual therapy visit

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You need long-term mental health services	Inpatient care for people who need mental health care	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p><u>Inpatient visit:</u></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay. Except in an emergency, your doctor must notify OneCare Connect that you are going to be admitted to the hospital.</p>
You need durable medical equipment (DME)	Wheelchairs	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.
	Crutches	\$0	Authorization rules may apply.
	Walkers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.



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

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Changes to your home, such as ramps and wheelchair access	\$0	Please see “Other services OneCare Connect covers” under Additional Services. Please contact OneCare Connect for more information.
	Home health care 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)
	Services to help you live on your own	\$0	
	Adult day services or other support services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Nursing home care	\$0	
Your caregiver needs some time off	Respite care	\$0	

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

D. Other services that OneCare Connect covers

This is not a complete list. Call Customer Service or read the *Member Handbook* to find out about other covered services.

Other services covered by OneCare Connect	Your costs for in-network providers
Chiropractic Services	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>\$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).</p>
Care Plan Option (CPO) services	<p>Care Plan Option (CPO) services may be available under your Individualized Care Plan. These services give you more help at home, like meals, help for you or your caregiver, or shower grab bars and ramps. These services can help you live more independently but do not replace long-term services and supports (LTSS) that you are authorized to get under Medi-Cal. If you need help or would like to find out how CPO services may help you, contact your personal care coordinator.</p>
Foot Care (Podiatry Services)	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>\$0 co-pay for foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>Our plan also offers podiatry services for routine foot care as a supplemental benefit, up to 12 visits per year.</p>
Institutional Care	<p>Services may require a referral from your doctor.</p> <p>\$0 co-pay for:</p> <ul style="list-style-type: none"> • Institution for mental disease services for individual 65 or older • Nursing home services

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

Other services covered by OneCare Connect	Your costs for in-network providers
Over the Counter (OTC) Allowance	<p>\$0 co-pay.</p> <p>\$50 benefit 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(s). You will receive a mail -order catalog with ordering instructions and details about the items you can purchase with your allowance.</p>
Prosthetic Devices (braces, artificial limbs, etc.)	<p>Authorization rules may apply.</p> <p>\$0 co-pay for:</p> <ul style="list-style-type: none"> • Prosthetic devices • Related medical supplies
Renal Dialysis	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>\$0 co-pay for dialysis services.</p>



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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

Other services covered by OneCare Connect	Your costs for in-network providers
Preventive Care	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> ● Abdominal aortic aneurysm screening ● Alcohol misuse counseling ● Barium Enemas ● Bone mass measurement ● Breast cancer screening (mammogram) ● Cardiovascular disease (behavioral therapy) ● Cardiovascular screenings ● Cervical and vaginal cancer screening ● Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) ● Depression screening ● Diabetes screenings ● Digital Rectal Exams ● EKG following Welcome Visit ● HIV screening ● Medical nutrition therapy services ● Obesity screening and counseling ● Prostate cancer screenings (PSA) ● Sexually transmitted infections screening and counseling ● Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) ● Vaccines, including flu shots, hepatitis B shots, pneumococcal shots ● “Welcome to Medicare” preventive visit (one-time) ● Yearly “wellness visit” <p>Any additional preventive services approved by Medicare during the contract year will be covered</p> <p>\$0 co-pay for:</p> <ul style="list-style-type: none"> ● Family planning services ● Tobacco cessation counseling for pregnant women <p>Referral requirements may apply.</p>

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

Other services covered by OneCare Connect	Your costs for in-network providers
Health Education	\$0 copay
Wellness / Education and Other Supplemental Benefits and Services	<p>Covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ● Health Club Membership/Fitness Classes <p>The fitness benefit includes a membership to a contracted gym for 2020. Members may elect to receive up to two (2) home fitness kits in place of a gym membership.</p>
Additional Services	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>\$0 co-pay for:</p> <ul style="list-style-type: none"> ● Case management ● Nursing facility resident chiropractic care and foot care ● Nursing facility resident vision and dental ● Nursing facility resident hearing exams and hearing aids ● Multipurpose Senior Services Program (MSSP) – there is a \$4,285 plan coverage limit for MSSP every year. ● Non-emergency medical transportation ● Transgender services ● Incontinence cream and diapers



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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

E. Services covered outside of OneCare Connect

This is not a complete list. Call Customer Service to find out about other services not covered by OneCare Connect but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
Acupuncture	Outpatient acupuncture services are subject to a limit of two services in any one calendar month. Two-visit limit may be exceeded for medical necessity through the authorization process. Not reimbursable when billed as an emergency or inpatient service. Must be used to treat a condition also covered by other modalities. Covered when provided by a physician, dentist, podiatrist, or acupuncturist.
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	Services that are covered under Denti-Cal, the Medi-Cal dental program, are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Denti-Cal.

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

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

This is not a complete list. Call Customer Service to find out about other excluded services.

Services not covered by OneCare Connect, Medicare, or Medi-Cal	
Prescription and non-prescription drugs not covered by law	<p>By law, the types of drugs listed below are not covered by OneCare Connect, 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 • Drugs used for the treatment of sexual or erectile dysfunction, such as Viagra®, Cialis®, Levitra®, and Caverject® • 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 Connect does not cover drugs received outside the United States and its territories. Exceptions may apply.</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 toll-free at **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

G. Your rights as a member of the plan

As a member of OneCare Connect, 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 race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, and/or audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
- **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 format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **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 you can change your PCP at any time during the year
 - See 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
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. OneCare Connect will pay for the cost of your second opinion visit.
 - Create and apply an advance directive, such as a will or health care proxy.
- **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



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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

- Have interpreters to help you communicate with your doctors and your health plan. Call **1-855-705-8823** if you need help with this service
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services, 24 hours a day, 7 days a week, without prior approval in an emergency
 - See 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:
 - Ask for a state fair hearing from the State of California
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the OneCare Connect *Member Handbook*. If you have questions, you can also call OneCare Connect Customer Service.



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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2020

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

If you have a complaint or think OneCare Connect should cover something we denied, call OneCare Connect at **1-855-705-8823**. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the OneCare Connect *Member Handbook*. You can also call OneCare Connect Customer Service.

I. 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, pharmacy or other provider is doing something wrong, please contact us.

- Call us at OneCare Connect Customer Service. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- OneCare Connect also has a Compliance and Ethics Hotline for reporting fraud that you can call toll-free at 1-877-837-4417.



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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 **1-800-735-2929**. You can also visit our website at www.caloptima.org/onecareconnect.