



- अगर आप हिंदी बोलते हैं, तो मुफ्त में भाषा सहायता सेवाएं, आपके लिए उपलब्ध हैं। अवकाश के दिनों समेत, दिन के 24 घंटे, सप्ताह के 7 दिन **1-888-522-1298** (TTY: **711**) पर कॉल करें। कॉल निःशुल्क है।
- បើអ្នកនិយាយភាសា ខ្មែរ, សេវាជំនួយផ្នែកភាសា គ្មានបង់ថ្លៃ គឺមានស្រាប់ជួយអ្នក។ សូមទូរស័ព្ទទៅ **1-888-522-1298** (TTY: **711**), 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍រួមទាំងថ្ងៃឈប់ស្រមាក។ ការហៅទូរស័ព្ទនេះគឺមិនគិតថ្លៃទេ។
- Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-522-1298** (TTY: **711**), 24 na oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga piyesta opisyal. Libre ang pagtawag.
- หากท่านพูดภาษาไทย เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย โปรดโทรฟรีที่ หมายเลข **1-888-522-1298** (TTY: **711**) ได้ตลอด 24 ชั่วโมง ทุกวัน ไม่เว้นวันหยุด
- ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-888-522-1298 (TTY: 711), ໄດ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ລວມເຖິງ ວັນພັກຕ່າງໆ. ເບີໂທນີ້ແມ່ນບໍ່ເສັຍຄ່າ.
- Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj, hu rau **1-888-522-1298** (TTY: **711**), 24 teev hauv ib hnuv, 7 hnuv hauv ib asthiv, suav nrog cov hnuv so tib si. Qhov hu no yog hu dawb xwb.
- ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਛੁੱਟੀ ਵਾਲੇ ਦਿਨਾਂ ਸਮੇਤ 24 ਘੰਟੇ, 7 ਦਿਨ **1-888-522-1298** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਕਾਲ ਮੁਫਤ ਹੈ।
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call **1-888-522-1298** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. The call is free.
- If you want to receive materials, now and in the future, in a language other than English or in an alternate format, call Member Services at **1-888-522-1298** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. The call is free.

**About L.A. Care Cal MediConnect Plan**

- L.A. Care Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Coverage under L.A. Care Cal MediConnect Plan qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual shared responsibility requirement for MEC.



**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [www.calmediconnectla.org](http://www.calmediconnectla.org).

- L.A. Care Cal MediConnect Plan is offered by L.A. Care Health Plan. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means L.A. Care Health Plan. When it says “the plan” or “our plan,” it means L.A. Care Cal MediConnect Plan.

## **Disclaimers**

Limitations, copays, and restrictions may apply. For more information, call L.A. Care Cal MediConnect Plan Member Services or read the L.A. Care Cal MediConnect Plan *Member Handbook*. This means that you may have to pay for some services and that you need to follow certain rules to have L.A. Care Cal MediConnect Plan pay for your services.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits and copays may change on January 1 of each year.

Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

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 *Member Handbook*.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.



**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit **[www.calmedicconnectla.org](http://www.calmedicconnectla.org)**.

# Table of Contents

<b>A. Think About Your Medicare and Medi-Cal Coverage for Next Year.....</b>	<b>5</b>
<b>B. Changes to the network providers and pharmacies .....</b>	<b>6</b>
<b>C. Changes to benefits and costs for next year.....</b>	<b>6</b>
Changes to benefits for medical services.....	6
Changes to prescription drug coverage.....	7
Stage 1: “Initial Coverage Stage” .....	8
Stage 2: “Catastrophic Coverage Stage” .....	9
<b>D. Administrative changes.....</b>	<b>10</b>
<b>E. Deciding which plan to choose .....</b>	<b>10</b>
If you want to stay in L.A. Care Cal MediConnect Plan .....	10
If you want to change to a different Cal MediConnect plan .....	10
If you want to leave the Cal MediConnect program .....	10
<b>F. Getting help.....</b>	<b>12</b>
Getting help from L.A. Care Cal MediConnect Plan.....	12
Getting help from the state enrollment broker .....	12
Getting help from the Cal MediConnect Ombuds Program .....	13
Getting help from the Health Insurance Counseling and Advocacy Program .....	13
Getting help from Medicare.....	13
Getting help from the California Department of Managed Health Care.....	14



**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298 (TTY: 711)**, 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [www.calmediconnectla.org](http://www.calmediconnectla.org).

## A. Think About Your Medicare and Medi-Cal Coverage for Next Year

**It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you can leave the plan at any time.** If you choose to leave L.A. Care Cal MediConnect Plan, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 10 to see your choices).
- You will get your Medi-Cal benefits through a Medi-Cal managed care plan of your choice (go to page 12 for more information).

### Important things to do:

- Check if there are any changes to our benefits and costs that may affect you.** Are there any changes that affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in **Section C** for information about benefit and cost changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.** Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in **Section C** for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in **Section B** for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.**

### If you decide to stay with L.A. Care Cal MediConnect Plan:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

### If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 10 to learn more about your choices.



**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298 (TTY: 711)**, 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [www.calmedicconnectla.org](http://www.calmedicconnectla.org).

## B. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2018.

**We strongly encourage you to review our current Provider and Pharmacy Directory to see if your providers or pharmacy are still in our network.** An updated *Provider and Pharmacy Directory* is located on our website at [www.calmedicconnectla.org](http://www.calmedicconnectla.org). You may also call Member Services at **1-888-522-1298** (TTY: 711), 24 hours a day, 7 days a week, including holidays, for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

## C. Changes to benefits and costs for next year

### Changes to benefits for medical services

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

	2017 (this year)	2018 (next year)
<b>Non-Medical Transportation</b>	<p>You pay a <b>\$0</b> copay for Non-Medical Transportation.</p> <p><i>This benefit allows for transportation to medical services by passenger car, taxi, or other forms of public/private transportation.</i></p> <p><i>You will have access to 40 one-way trips per year.</i></p> <p><i>This benefit does not limit your non-emergency medical transportation benefit.</i></p>	<p>You pay a <b>\$0</b> copay for Non-Medical Transportation.</p> <p><i>This benefit allows for transportation to medical services by passenger car, taxi, or other forms of public/private transportation.</i></p> <p><i>You will have access to an unlimited number of round-trips per year.</i></p> <p><i>This benefit does not limit your non-emergency medical transportation benefit.</i></p>
<b>Vision - Eyewear</b>	<p>You pay a <b>\$0</b> copay for eyeglasses worth up to \$175 (frames and lenses) or up to \$175 for contact lenses every two years.</p>	<p>You pay a <b>\$0</b> copay for eyeglasses worth up to \$200 (frames and lenses) or up to \$200 for contact lenses every two years.</p>
<b>Worldwide Coverage</b>	<p>Worldwide coverage is <b>not</b> covered.</p>	<p>You pay a <b>\$0</b> copay for emergency and urgently needed care services received anywhere in the world to a limit of \$10,000 combined per calendar year.</p>



**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298** (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [www.calmedicconnectla.org](http://www.calmedicconnectla.org).

## Changes to prescription drug coverage

### *Changes to our Drug List*

We sent you a copy of our 2018 *List of Covered Drugs* in this envelope.

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 see if there will be any restrictions.**

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

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services at **1-888-522-1298** (TTY: 711), 24 hours a day, 7 days a week, including holidays, to ask for a list of covered drugs that treat the same condition. This list can help your provider find a covered drug that might work for you.
- **Ask the plan to cover a temporary supply** of the drug. In some situations, we will cover a one-time, temporary supply of the drug during the first 90 days of the calendar year. This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.) When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
- Formulary exceptions are granted for a 12-month period. Please reference your formulary exception approval notice for your specific expiration date.
- If your approval is expiring and you would like to request an extension, a formulary exception request would need to be resubmitted.



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### *Changes to prescription drug costs*

There are two payment stages for your Medicare Part D prescription drug coverage under L.A. Care Cal MediConnect Plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

<b>Stage 1</b> <i>Initial Coverage Stage</i>	<b>Stage 2</b> <i>Catastrophic Coverage Stage</i>
During this stage, <b>the plan pays part of the costs</b> of your drugs, and you pay your share. Your share is called the copay.  You begin this stage when you fill your first prescription of the year.	During this stage, <b>the plan pays all of the costs</b> of your drugs through December 31, 2018.  You begin this stage when you have paid a certain amount of out-of-pocket costs.

#### **Stage 1: “Initial Coverage Stage”**

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

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

The following table shows your costs for drugs in each of our four (4) drug tiers. These amounts apply only during the time when you are in the Initial Coverage Stage.



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	2017 (this year)	2018 (next year)
<b>Drugs in Tier 1</b> (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>
<b>Drugs in Tier 2</b> (Brand Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 - \$8.25 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 - \$8.35 per prescription.</b>
<b>Drugs in Tier 3</b> (Non-Medicare Prescription Drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>
<b>Drugs in Tier 4</b> (Non-Medicare Over-the-Counter Drugs) Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$5,000.00. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year.

### Stage 2: “Catastrophic Coverage Stage”

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



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## D. Administrative changes

The changes listed in the table below do not affect the services you can receive or the amount you have to pay for those services.

	2017 (this year)	2018 (next year)
In-Home Supportive Services (IHSS)	<p>If you qualify for IHSS, L.A. Care Cal MediConnect Plan will pay for and coordinate your IHSS, as authorized by the County Department of Social Services, so that you can remain safely in your own home.</p> <p>You pay <b>\$0</b> unless you have a Medi-Cal Share of Cost.</p>	<p>If you qualify for IHSS, the County Department of Social Services will authorize and pay for your IHSS so that you can remain safely in your home.</p> <p>You pay <b>\$0</b> unless you have a Medi-Cal Share of Cost.</p> <p>L.A. Care Cal MediConnect Plan will assist you in coordinating and navigating your IHSS-related services.</p>

## E. Deciding which plan to choose

### If you want to stay in L.A. Care Cal MediConnect Plan

We hope to keep you as a member next year.

**To stay in our plan you don't need to do anything.** If you do not sign up for a different Cal MediConnect plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2018.

### If you want to change to a different Cal MediConnect plan

If you want to keep getting your Medicare and Medi-Cal benefits together from a single plan, you can join a different Cal MediConnect plan.

To enroll in a different Cal MediConnect plan, call Health Care Options at **1-844-580-7272**, Monday through Friday from 8:00 am to 5:00 pm. TTY users should call **1-800-430-7077**.

### If you want to leave the Cal MediConnect program

If you do not want to enroll in a different Cal MediConnect plan after you leave L.A. Care Cal MediConnect Plan, you will go back to getting your Medicare and Medi-Cal services separately.

### *How you will get Medicare services*

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



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You can change to:	Here is what to do:
<p><b>1. A Medicare health plan, such as a Medicare Advantage plan or, if you meet eligibility requirements, Programs of All-inclusive Care for the Elderly (PACE)</b></p>	<p>Call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>, 24 hours a day, seven days a week. TTY users should call <b>1-877-486-2048</b> to enroll in the new Medicare-only health plan.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at <b>1-800-434-0222</b>, 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 <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li> </ul> <p>You will automatically be disenrolled from L.A. Care Cal MediConnect Plan when your new plan’s coverage begins.</p>
<p><b>2. Original Medicare <i>with</i> a separate Medicare prescription drug plan</b></p>	<p>Call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>, 24 hours a day, seven days a week. TTY users should call <b>1-877-486-2048</b>.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at <b>1-800-434-0222</b>, 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 <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li> </ul> <p>You will automatically be disenrolled from L.A. Care Cal MediConnect Plan when your Original Medicare coverage begins.</p>
<p><b>3. Original Medicare <i>without</i> a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don’t want to join.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at <b>1-800-434-0222</b>, 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 <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</p>	<p>Call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>, 24 hours a day, seven days a week. TTY users should call <b>1-877-486-2048</b>.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at <b>1-800-434-0222</b>, 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 <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li> </ul> <p>You will automatically be disenrolled from L.A. Care Cal MediConnect Plan when your Original Medicare coverage begins.</p>



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### *How you will get Medi-Cal services*

If you leave our Cal MediConnect plan, you will be enrolled in a Medi-Cal managed care plan of your choice. Your Medi-Cal services include most long-term services and supports and behavioral health care. When you ask to end your membership in our Cal MediConnect plan, you will need to let Health Care Options know which Medi-Cal managed care plan you want to join. You can call Health Care Options at **1-844-580-7272**, Monday through Friday from 8:00 am to 5:00 pm. TTY users should call **1-800-430-7077**.

## **F. Getting help**

### **Getting help from L.A. Care Cal MediConnect Plan**

Questions? We're here to help. Please call Member Services at **1-888-522-1298** (TTY only, call **711**). We are available for phone calls 24 hours a day, 7 days a week, including holidays.

### **Read your 2018 Member Handbook**

The *2018 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

We will send you a copy of the *2018 Member Handbook* by December 31. An up-to-date copy of the *2018 Member Handbook* is always available on our website at **www.calmediconnectla.org**. You may also call Member Services at **1-888-522-1298** (TTY only, call **711**). We are available for phone calls 24 hours a day, 7 days a week, including holidays to ask us to mail you a *2018 Member Handbook*.

### **Visit our website**

You can also visit our website at **www.calmediconnectla.org**. 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*).

### **Getting help from the state enrollment broker**

The state enrollment broker, Health Care Options, can help you sign-up for a Cal MediConnect health plan. They can also help you disenroll from your Cal MediConnect health plan if you choose. You can call Health Care Options at **1-844-580-7272**, Monday through Friday from 8:00 am to 5:00 pm. TTY users should call **1-800-430-7077**.



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**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit **www.calmediconnectla.org**.

### **Getting help from the Cal MediConnect Ombuds Program**

The Cal MediConnect Ombuds Program can help you if you are having a problem with L.A. Care Cal MediConnect Plan. The Cal MediConnect Ombuds Program is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is **1-855-501-3077**. The services are free.

### **Getting help from the Health Insurance Counseling and Advocacy Program**

You can also call the Health Insurance Counseling and Advocacy Program (HICAP). The HICAP counselors can help you understand your Cal MediConnect plan choices and answer questions about switching plans. The HICAP is not connected with us or with any insurance company or health plan. The HICAP has trained counselors in every county, and services are free. The HICAP phone number is **1-800-434-0222**. For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.

### **Getting help from Medicare**

To get information directly from Medicare:

Call **1-800-MEDICARE (1-800-633-4227)**.

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

### **Visit the Medicare Website**

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

### **Read *Medicare & You 2018***

You can read *Medicare & You 2018* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.



**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298 (TTY: 711)**, 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [www.calmediconnectla.org](http://www.calmediconnectla.org).

### **Getting help from the California Department of Managed Health Care**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-888-522-1298** (TTY: 711), 24 hours a day, 7 day a week, including holidays and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance.

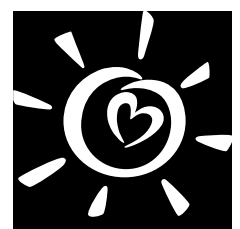
You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The Department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The Department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.



**If you have questions**, please call L.A. Care Cal MediConnect Plan at **1-888-522-1298** (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [www.calmedicconnectla.org](http://www.calmedicconnectla.org).





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HEALTH PLAN®

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