



**L.A. Care Cal MediConnect Plan (Medicare-Medicaid Plan)  
offered by L.A. Care Health Plan**

## **Annual Notice of Changes for 2019**

### **Introduction**

You are currently enrolled as a member of L.A. Care Cal MediConnect Plan. Next year, there will be some changes to the plan's benefits, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. 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 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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## A. Disclaimers

- 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.

## B. Reviewing 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 may be able to leave the plan. See section F2 for more information.

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).

► **NOTE:** If you are in a drug management program, you may not be able to join a different plan. See Chapter 5 of your *Member Handbook* for information about drug management programs.



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).

## B1. Additional Resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-888-522-1298** (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free.
- **ATENCIÓN:** Si usted habla español, los servicios de asistencia con el idioma estarán disponibles para usted sin costo. Llame al **1-888-522-1298** (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita.
- **請注意：**如果您說中文，您可免費獲得語言協助服務。請致電 **1-888-522-1298** (TTY: 711)，服務時間為每週 7 天，每天 24 小時（包含假日）。這是免費電話。
- **XIN LƯU Ý:** Nếu quý vị nói tiếng Việt, hiện có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi **1-888-522-1298** (TTY: 711), 24 giờ một ngày, 7 ngày một tuần, kể cả các ngày lễ. Cuộc gọi này miễn phí.
- **알림:** 한국어를 사용하실 경우 언어지원서비스를 무료로 이용하실 수 있습니다. 주 7일, 하루 24시간(공휴일 포함) 동안 이용 가능한 **1-888-522-1298** (TTY: 711) 번으로 전화하십시오. 통화료는 무료입니다.
- **ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝** Եթե խոսում եք հայերեն, լեզվական աջակցության ծառայությունները հասանելի են Ձեզ անվճար: Չանգահարեք **1-888-522-1298** հեռախոսահամարով (TTY: 711), օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոնական օրերը: Հեռախոսագանգն անվճար է:
  - **تنبيه:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً. اتصل على **1-888-522-1298** (TTY: 711) 24 ساعة في اليوم و 7 أيام في الأسبوع، بما في ذلك أيام العطلات. هذه المكالمات مجانية.
- **ВНИМАНИЕ:** Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по телефону **1-888-522-1298** (TTY: 711), круглосуточно, без выходных, включая праздничные дни. Звонок бесплатный.
- **注意事項:** 日本語のサービスを無料でご利用いただけます。 **1-888-522-1298** (TTY: 711) までお電話ください。このサービスは年中無休(祝祭日を含む)でご利用いただけます。通話料は無料です。
  - **توجه:** اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان بطور رایگان در اختیار شما قرار دارد. می توانید در تمام 24 ساعت شبانه روز و 7 روز هفته، حتی روزهای تعطیل با **1-888-522-1298** (TTY: 711) تماس بگیرید. تماس رایگان می باشد.
- **ध्यान दें:** 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 नि:शुल्क है।
- **ចំណាប់អារម្មណ៍:** បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយខាងភាសាឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ **1-888-522-1298** (TTY: 711) បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ រួមទាំងថ្ងៃបុណ្យផង។ ការហៅគឺឥតចេញថ្លៃឡើយ។



**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).

- PAUNAWA: 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.
- โปรดทราบ: หากท่านพูดภาษาไทย เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย โปรดโทรฟรีที่หมายเลข **1-888-522-1298** (TTY: 711) ได้ตลอด 24 ชั่วโมง ทุกวัน ไม่เว้นวันหยุด
- ກະລຸນາຟັງ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສັຽຄ່າ. ໂທ 1-888-522-1298 (TTY: 711), ໄດ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ລວມເຖິງ ວັນພັກຕ່າງໆ. ເບີໂທຮີນີແມ່ນບໍ່ເສັຽຄ່າ.
- CEEB TOOM: 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.
- ਧਿਆਨ ਦਿਓ: 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.

## **B2. Information 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 **<https://www.irs.gov/affordable-care-act/individuals-and-families>** for more information on the individual shared responsibility requirement for MEC.
- 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.



**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)**.

### B3. 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 D 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.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
  - Look in section D2 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 C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

#### 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 may be able to switch plans (see section G2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E2, 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).

## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2019.

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**. 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*.

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

### D1. Changes to benefits and costs for medical services

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

	2018 (this year)	2019 (next year)
Health Club and Fitness Classes	The Health Club and Fitness Classes benefit is <b>not</b> covered.	You pay a <b>\$0</b> copay for contracted Health Club membership and Fitness classes. Any services within the fitness club that typically requires an additional fee are <b>not</b> included.

### D2. Changes to prescription drug coverage

#### *Changes to our Drug List*

An updated *List of Covered Drugs* is located on our website at **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 drug information or to ask us to mail you a *List of Covered Drugs*.

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

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

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



**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**.

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 **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 the remainder of the plan year. 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.

### Changes to prescription drug cost

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, the plan pays part of the costs 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, the plan pays all of the costs of your drugs through December 31, 2019.  You begin this stage when you have paid a certain amount of out-of-pocket costs.



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The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$5,100**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

### **D3. 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.

	2018 (this year)	2019 (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 - \$8.35 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 - \$8.50 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>



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The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$5,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information how much you will pay for prescription drugs.

#### **D4. Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit **\$5,100** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

### **E. How to choose a plan**

#### **E1. How to stay in our plan**

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. 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 2019.

#### **E2. How to change plans**

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Cal MediConnect plan, or moving to Original Medicare.

**NOTE:** Effective January 1, 2019, if you're in a drug management program, you may not be able to change plans. See Chapter 5 of your *Member Handbook* for information about drug management programs.

#### ***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>For PACE inquiries, call <b>1-855-921-PACE (7223)</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 new plan's coverage begins.</p>
<p><b>2. Original Medicare with 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 without 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>



**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).

### *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. How to get help**

### **F1. 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 2019 Member Handbook**

The *2019 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.

An up-to-date copy of the *2019 Member Handbook* is always available on our website at **www.calmediconnectla.org**. You may also call Member Services at **1-888-522-1298** (TTY: **711**), 24 hours a day, 7 days a week, including holidays to ask us to mail you a *2019 Member Handbook*.

#### **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*).

### **F2. Getting help from the state enrollment broker**

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**.

### **F3. 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 ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.



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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**.

- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is **1-855-501-3077**.

#### **F4. Getting help from the Health Insurance Counseling and Advocacy Program**

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

#### **F5. Getting help from Medicare**

To get information directly from Medicare, 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**.

##### **Medicare's 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.")

##### ***Medicare & You 2019***

You can read *Medicare & You 2019* 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.calmedicconnectla.org](http://www.calmedicconnectla.org).

## **F6. 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.dmhc.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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