CareAdvantage by HealthPlan OF SAN MATEO

Summary of Benefits

CareAdvantage

Dual Eligible Special Needs Plan (HMO D-SNP)

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Last Updated 10/30/2026

EN

Our CareAdvantage Unit Is Available to Help You

Call us at **1-866-880-0606** (toll free) or **650-616-2174.**
Hearing Impaired: TTY **1-800-735-2929** or dial **7-1-1.**

- Call Center Hours are Monday through Sunday 8:00 a.m. to 8:00 p.m.
- Office Hours are Monday through Friday 8:00 a.m. to 5:00 p.m.

Large-print Request: If you would like a large-print copy of this book, please call the CareAdvantage Unit.

Privacy Statement: Health Plan of San Mateo ensures the privacy of your medical record. For questions and more information, please call the CareAdvantage Unit.

Nuestro Departamento de CareAdvantage está a su disposición para ayudarle

Llámenos al **1-866-880-0606** (número telefónico gratuito) o al **650-616-2174**. Miembros con dificultades auditivas:
TTY **1-800-855-3000** o marque el **7-1-1.**

- El horario de nuestro centro de atención telefónica es de lunes a domingo, de 8:00 a.m. a 8:00 p.m.
- El horario de oficina es de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

Solicitud de impresión en caracteres grandes: Si desea un ejemplar de este manual en letra grande, por favor llame al Departamento de CareAdvantage.

Declaración de privacidad: Health Plan of San Mateo asegura la privacidad de su expediente médico. Si tiene alguna pregunta o desea obtener más información, por favor llame al Departamento de CareAdvantage.

我們的 CareAdvantage Unit 為您提供協助

請撥打我們的電話**1-866-880-0606**(免費)或
650-616-2174. 有聽力障礙者: TTY **1-800-735-2929** 或撥 **7-1-1.**

- 電話中心服務時間是週一至週日上午8:00 至晚上 8:00。
- 辦公室的服務時間是週一至週五上午 8:00 至下午 5:00。

大字版需求: 若需要本手冊的大字版，請致電與 CareAdvantage Unit 聯絡。

隱私權聲明: 聖馬刁健康計劃 (HPSM) 致力保障您的病歷穩私權。
如有疑問且需要更多資訊，請致電與 CareAdvantage Unit 聯絡。

Handa kayong Tulungan ng aming Yunit para sa mga Serbisyo sa mga Miyembro

Tawagan kami sa **1-866-880-0606** (walang bayad) o sa **650-616-2174**. May Kapansanan sa Pandinig:
TTY **1-800-735-2929** o i-dial ang **7-1-1.**

- Bukas ang aming mga call center mula Lunes hanggang Linggo, 8:00 a.m. hanggang 8:00 p.m.
- Bukas ang aming opisina mula Lunes hanggang Biyernes, 8:00 a.m. hanggang 5:00 p.m.

Humiling ng Libro na Malalaki ang Pagkakalimbag ng mga Letra: Kung gusto ninyong makakuha ng librong ito na malalaki ang mga letra sa pagkakalimbag, pakitawagan ang Yunit ng CareAdvantage.

Pahayag sa Pagiging Pribadong ng Impormasyon: Tinitiyak ng Health Plan of San Mateo ang pagiging pribado ng inyong medikal na rekord. Para sa karagdagang katanungan at impormasyon, pakitawagan ang Mga Serbisyo para sa mga Miyembro.

CareAdvantage Dual Eligible Special Needs Plan (HMO D-SNP), a Medicare Medi-Cal Plan | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by CareAdvantage. 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 CareAdvantage. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a summary of health services covered by CareAdvantage for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. *You can ask for a Member Handbook by calling the CareAdvantage Unit at the number at the bottom of this page to get one. You can also refer to the Member Handbook on our website www.hpsm.org/careadvantage or download it.*

- CareAdvantage Dual Eligible Special Needs Plan (D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in CareAdvantage depends on contract renewal.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language, call **1-866-880-0606** (TTY: **1-800-735-2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-866-880-0606** (TTY: **1-800-735-2929**) These services are free of charge.

العربية (Arabic)

الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ يُرجى **1-866-880-0606**
(TTY: (**1-800-735-2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ
1-866-880-0606
(TTY: (**1-800-735-2929**). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-866-880-0606** (TTY: **1-800-735-2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-866-880-0606** (TTY: **1-800-735-2929**): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-866-880-0606** (TTY: **1-800-735-2929**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-866-880-0606** (TTY: **1-800-735-2929**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-866-880-0606** (TTY: **1-800-735-2929**)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-866-880-0606** (TTY: **1-800-735-2929**)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-866-880-0606** (TTY: **1-800-735-2929**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-866-880-0606** (TTY: **1-800-735-2929**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-866-880-0606** (TTY: **1-800-735-2929**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-866-880-0606** (TTY: **1-800-735-2929**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-866-880-0606** (TTY: **1-800-735-2929**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-866-880-0606** (TTY: **1-800-735-2929**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1-866-880-0606** (TTY: **1-800-735-2929**)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-866-880-0606** (TTY: **1-800-735-2929**)へお電話ください。これらのサービスは無料で提供しています。**한국어**

(Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-866-880-0606** (TTY: **1-800-735-2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-866-880-0606** (TTY: **1-800-735-2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ:ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY: **1-800-735-2929**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-866-880-0606 (TTY: **1-800-735-2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-866-880-0606** (TTY: **1-800-735-2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-866-880-0606** (TTY: **1-800-735-2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-866-880-0606** (TTY: **1-800-735-2929**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ **1-866-880-0606** (TTY: **1-800-735-2929**).ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-866-880-0606** (линия TTY: **1-800-735-2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-866-880-0606** (линия TTY: **1-800-735-2929**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-866-880-0606** (TTY: **1-800-855-3000**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-866-880-0606** (TTY: **1-800-855-3000**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-866-880-0606** (TTY: **1-800-735-2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-866-880-0606** (TTY: **1-800-735-2929**). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-866-880-0606 (TTY: **1-800-735-2929**) **น อกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-866-880-0606** (TTY: **1-800-735-2929**) **ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้**

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-866-880-0606** (TTY: **1-800-735-2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-866-880-0606** (TTY: **1-800-735-2929**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-866-880-0606** (TTY: **1-800-735-2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-866-880-0606** (TTY: **1-800-735-2929**). Các dịch vụ này đều miễn phí.

- This document is available for free in English, Spanish, Chinese, and Tagalog.
- To obtain materials in a language other than English and/or in an alternative format now and in the future, email CareAdvantageSupport@hpsm.org or call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1. Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. Or send a request in writing to:

  Health Plan of San Mateo
  Attn: CareAdvantage Unit
  801 Gateway Blvd., Suite 100
  South San Francisco, CA 94080

- Your preferred language and format will be kept on file for future mailings, so you do not need to make a request each time.
- To change or cancel your preferences, please contact the CareAdvantage Unit.
- All member materials are available online at www.hpsm.org/member/resources.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Care Managers to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in CareAdvantage that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from CareAdvantage. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in CareAdvantage, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that CareAdvantage doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for CareAdvantage to cover your drug if medically necessary. For more information, call the CareAdvantage Unit at the numbers listed at the bottom of this page.
Can I use the same doctors I use now? (continued on the next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with CareAdvantage and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued)	plan covers. **You must use the providers in CareAdvantage's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareAdvantage's plan. If you're currently under treatment with a provider that's out of CareAdvantage's network, or have an established relationship with a provider that's out of CareAdvantage's network, call the CareAdvantage Unit to check about staying connected and ask for continuity of care. • If our plan is new for you, you can keep using the doctors you use now for a certain amount of time, if they are not in our network. We call this continuity of care. If your doctors are not in our network, you can keep your current providers and service authorizations at the time you enroll for up to 12 months if all of the following conditions are met: o You, your representative, or your provider asks us to let you keep using your current provider. We establish that you had an existing relationship with a primary or specialty care provider, with some exceptions. When we say "existing relationship," it means that you saw an out-of-network provider at least once for a non-emergency visit during the 12 months before the date of your initial enrollment in our plan. o We determine an existing relationship by reviewing your available health information available or information you give us.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued)	○ We have 30 days to respond to your request. You can ask us to make a faster decision, and we must respond in 15 days. If you are at risk of harm, we must respond within 3 days. ○ You or your provider must show documentation of an existing relationship and agree to certain terms when you make the request. Note: You can only make this request for services of Durable Medical Equipment (DME), transportation, or other ancillary services not included in our plan. You cannot make this request for providers of DME, transportation or other ancillary providers. After the continuity of care period ends, you will need to use doctors and other providers in the CareAdvantage network, unless we make an agreement with your out-of-network doctor. A network provider is a provider who works with the health plan. Refer to the CareAdvantage *Member Handbook* Chapter 1 for more details. To find out if your doctors are in the plan's network, call the CareAdvantage Unit at the numbers listed at the bottom of this page or read CareAdvantage's *Provider Directory* on the plan's website at www.hpsm.org/careadvantage. If CareAdvantage is new for you, we will work with you to develop a care plan to address your needs.
What's a CareAdvantage Care Manager?	A CareAdvantage Care Manager is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.

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

Frequently Asked Questions	Answers
	procedures, items, or drugs, call the CareAdvantage Unit at the numbers listed at the bottom of this for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, CareAdvantage may not cover the services. CareAdvantage can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Member Handbook* Chapter 3, Section D to learn more about when you'll need to get a referral from your PCP before the service is provided.
Do I pay a monthly amount (also called a premium) under CareAdvantage?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of CareAdvantage?	No. You don't pay deductibles in CareAdvantage.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of CareAdvantage?	There's no cost-sharing for medical services in CareAdvantage, so your annual out-of-pocket costs will be $0.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	$0	Our Plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital.
	Doctor or surgeon care	$0	Prior authorization is required (inpatient level of care).
	Outpatient hospital services, including observation	$0	Prior authorization maybe required depending on the type of service/procedure.
	Ambulatory surgical center (ASC) services	$0	Prior authorization maybe required depending on the type of service/procedure.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	Prior authorization is required for some services.
	Specialist care	$0	A referral from your primary care provider (PCP) is required.
	Wellness visits, such as a physical	$0	One wellness visit, such as a physical, once every 12 months.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Care to keep you from getting sick, such as flu shot and screenings to check for cancer	$0	Vaccines, including the flu vaccine (once each flu season in the fall and winter), Hepatitis B vaccines if you are high or intermediate risk of getting hepatitis B, COVID-19 vaccine, pneumonia vaccines and other vaccines if you are at risk that meet Medicare Part B coverage rules. Refer to the CareAdvantage Member Handbook Chapter 4 for more details.
	"Welcome to Medicare" (preventive visit one time only)	$0	You can get a "Welcome to Medicare" preventive visit once within the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor's office you want to schedule your "Welcome to Medicare" preventive visit.
You need emergency care	Emergency room services	$0	Emergency room services are covered in and out of network without prior authorization. You are covered for emergency services outside of the United States and its territories through the worldwide emergency care and emergency services.
	Urgent care	$0	Urgent Care is covered in and out of network without prior authorization. You are NOT covered for Urgent Care services outside of the United States.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Referral is required, except for X-rays. Prior authorization is required for: • Diagnostic radiology services (MRIs, CT scans) • Therapeutic radiology services (such as radiation treatment for cancer)
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization is required for some services provided during a non-covered inpatient stay.
You need hearing/auditory services	Hearing screenings	$0	Referral is required.
	Hearing aids	$0	Referral is required. Prior authorization is required. Hearing aid benefit is $1,510 per fiscal year (July 1–June 30) for both ears, and includes molds, modification supplies and accessories.
You need dental care (continued on next page)	Dental check-ups and preventive care	$0	Services that are covered under the HPSM 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 the HPSM Dental Program. For more information, refer to CareAdvantage Member Handbook Chapter 4 or visit www.hpsm.org/dental.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	$0	Services that are covered under the HPSM 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 the HPSM Dental Program. For more information, refer to CareAdvantage Member Handbook Chapter 4 or visit www.hpsm.org/dental.
You need eye care	Eye exams	$0	Exam to diagnose and treat diseases of the eye (including yearly glaucoma screening) Routine eye exam (up to 1 every year)
	Glasses or contact lenses	$0	Up to $175 every year for • eyeglasses (frames and lenses) or contact lenses
	Other vision care	$0	
You need mental health services (continued on the next page)	Mental health services	$0	Mental health services are offered by HPSM and San Mateo County BHRS, according to symptoms and need. You can call the BHRS ACCESS Call Center at 1-800-686-0101 (TTY dial 7-1-1) for more information.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued)			In order to be connected to appropriate providers and services, members should call the (BHRS) Access Call Center. Services include: • outpatient therapy • medication support • partial hospitalization program services • residential services • crisis services Prior authorization may be required for some services.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Prior authorization may be required for some services. Our plan covers up to 190 days for inpatient mental health care in a psychiatric hospital. The inpatient hospital limitation does not apply to inpatient mental health services provided in a general hospital. After 190 days, the local county mental health agency will coordinate authorization and pay for inpatient psychiatric services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued)			You can call the BHRS ACCESS Call Center at 1-800-686-0101 (TTY dial 7-1-1) for more information.
You need substance use disorder services	Substance use disorder services	$0	Substance use services are offered through San Mateo County Behavioral Health and Recovery Services (BHRS). You can call the BHRS ACCESS Call Center at 1-800-686-0101 (TTY dial 7-1-1 for more information.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization is required. Our plan covers an unlimited number of days in a skilled nursing facility (SNF).
	Nursing home care	$0	Referral required. Authorization from your PCP is required if you are hospitalized less than 3 days before admission to a SNF.
	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Referral is required. Prior authorization is required. Beneficiary must meet eligibility criteria to receive non-Medicare occupational, speech or physical therapy.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	$0	In case of emergency, dial 9-1-1.
	Emergency transportation	$0	In case of emergency, dial 9-1-1.
	Transportation to medical appointments and services	$0	Non-Medical Transportation (NMT). This benefit allows for transportation to medical covered services by passenger car, taxi, or other forms of public/private transportation. 0 copay for trips to covered services. We have contracted with American Logistics (AL) to offer this service. To schedule a ride, please call AL at 1-877-356-1080, Monday through Friday, 8:00 a.m. to 5:00 p.m., at least two (2) business days before your appointment. For urgent appointments, call as soon as possible. Limitations apply.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs Tier 1: Generic Tier 2: Brand	Tier 1: $0, $1.65, and $5.80 for a *30-day* supply. Tier 2: $0, $5.00, and $14.40 for a *30-day* supply. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to CareAdvantage's *List of Covered Drugs* (*Drug List*) for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. In most cases, unless specified on CareAdvantage's *List of Covered Drugs* (*Drug List* or *Formulary*), you can get an extended-day (90 day) supply of covered drugs at any in-network retail or mail order your pharmacy. Your copay for an extended-day supply is the same as a one-month (30 day) supply. Our plan covers most Part D vaccines at no cost to you.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to CareAdvantage's *List of Covered Drugs* (*Drug List*) for more information. We also cover OTC drugs without a prescription through our OTC+ program. Please refer to the *Additional Services* section for details.
	Rehabilitation services	$0	Prior authorization is required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Medical equipment for home care	$0	Our plan has preferred vendors/manufacturers for durable medical equipment (DME). Contact the CareAdvantage Unit for more information. Referral is required. Prior authorization is required.
	Dialysis services	$0	Outpatient dialysis treatment, including dialysis services when temporarily out of the plan's service area or when your provider is temporarily unavailable or not accessible. You can get these services at a Medicare-certified dialysis facility.
You need foot care	Podiatry services	$0	Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs). Routine foot care for members with conditions affecting the legs, such as diabetes.
	Orthotic services	$0	Orthotics are covered when medically necessary. Prior authorization may be required. Coverage is based on Medicare rules.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact the CareAdvantage Unit or refer to Chapter 4 of the *Member Handbook*.**	Wheelchairs, crutches, and walkers	$0	Our plan has preferred vendors/manufacturers for durable medical equipment (DME). Contact the CareAdvantage Unit for more information. A referral is required for DME used outside of the home. Prior authorization is required
	Nebulizers	$0	Our plan has preferred vendors/manufacturers for durable medical equipment (DME). Contact the CareAdvantage Unit for more information. A referral is required for DME used outside of the home. Prior authorization is required.
	Oxygen equipment and supplies	$0	Our plan has preferred vendors/manufacturers for durable medical equipment (DME). Contact the CareAdvantage Unit for more information. A referral is required for DME used outside of the home. Prior authorization is required.
You need help living at home (continued on the next page)	Home health services	$0	Referral is required. Prior authorization is required. Medicare-covered home health visits Eligibility for the following services applies only to CBAS.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)			Beneficiary must be 18 years or older, and meet nursing facility level of care: • additional hours of care personal care services
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	In-Home Supportive Services (IHSS) are provided through San Mateo County Aging and Disability Services. Call the Aging and Disability Services TIES line at 1-844-868-0938 or Dial 7-1-1 for the California Relay Service TTY. A social worker will call you back to schedule a home visit to determine your eligibility and need for IHSS. The Community Supports Service, Environmentally Accessibility Adaptations, may assist in providing physical changes or installation of equipment(s), such as grab bars, inside your home that help improve your daily activities and ensure your safety. Contact the CareAdvantage Unit to learn more or visit our HPSM Website: https://www.hpsm.org/member/medi-cal/benefits/community-supports

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	Prior authorization is required. Eligibility to participate in community-based adult services (CBAS) also formerly known as Adult Day Health Care (ADHC) is determined by an assessment. CBAS is a managed care benefit, so it is covered by HPSM.
	Day habilitation services	$0	Note: If a CBAS facility is not available, HPSM can explore an alternative facility and/or services that will best meet your needs.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	
Additional services (continued on the next page)	Chiropractic services	$0	Limited to the treatment of the spine by manual manipulation and limited to 24 visits. Covers: • Children under age 21 • Adults who receive these services at a hospital outpatient clinic • Pregnant women if the condition might complicate the pregnancy. • Residents in a nursing or intermediate care facility. Read the Member Handbook Chapter 4 for more information

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Emergency Travel Benefit	$0	You have coverage of up to $25,000 for emergency care and transportation when travelling outside of the United States for 6 months or less. Services are only covered when: • Your life or physical functioning would be at risk without immediate care. • A healthcare professional provides treatment at a healthcare facility (it doesn't have to be a hospital.) • After getting care, submit proof of payment and medical records with a Direct Member Reimbursement Form (DMR) Form for claims review. To learn more, call the CareAdvantage Unit at the number below or visit www.hpsm.org/careadvantage.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness Membership Program	$0	CareAdvantage covers a YMCA membership at no cost to you. The membership includes access to: • **YMCA locations** throughout San Mateo/Santa Clara Counties and San Francisco. Locations may include exercise equipment, basketball courts, indoor or outdoor fitness studios, and indoor or outdoor swimming pools. • **More than 600 group exercise classes** led by certified instructors in yoga, Pilates, Zumba, cycling, aqua fitness and more. Some locations may have online classes available. • **Wellness coaching** to help you meet your health goals. Some locations may have online coaching options available. **You can get your YMCA Membership in two ways:** • Visit a YMCA location near you and show your HPSM CareAdvantage member ID card.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			• Sign up online by visiting www.hpsm.org/fitness. Choose a YMCA location near you from the list, click "enroll today" and complete the application form. **Fitness Membership Program Rides** CareAdvantage members enrolled in the Fitness Membership Program can get 12 one-way rides per month to the YMCA gyms. Each ride can only be to and from the select YMCA location. Users must follow all HPSM Ride Benefit rules. See Transportation: Non-Medical Transportation section for benefit rules. We have contracted with American Logistics (AL) to offer this service. To schedule a ride, please call AL at 1-877-356-1080, Monday through Friday, 8:00 a.m. to 5:00 p.m. at least 2 business days before.
	Medical alert device	$0	This benefit will cover one personal medical alert device and monthly monitoring.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Over-the-Counter (OTC) Items	$0	We cover some Over-the-Counter (OTC) products through our OTC+ program at no cost to you. You will receive an allowance or spending We cover some Over-the-Counter (OTC) products through our OTC+ program at no cost to you. You will receive an allowance or spending limit per quarter (every 3 months), to purchase OTC items and supplies at retail stores, through the OTC mail-order catalog, or our vendor's website. This benefit becomes available on the first day of each quarter; January 1, April 1, July 1, and October 1. Any unused card allowance will not carry over to the next quarter. You can use this benefit to get items such as acetaminophen, bandages, cold and cough medicines, and other eligible products included in the mail-order catalog, vendor's website, and/or retail stores (based on approved list by CMS). • **$37 quarterly allowance** Items must be part of CMS authorized list of approved OTC products.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Diabetes supplies and services	$0	Prior authorization is required if supplies are non-formulary. Includes: • Diabetes monitoring supplies and • Therapeutic shoes or inserts Our plan limits Diabetic Supplies and Services to specific manufacturers. Contact the plan for more information.
	Prosthetic services	$0	
	Radiation therapy	$0	Prior authorization may be required depending on the type of service/procedure.
	Services to help manage your disease	$0	Includes diabetes self-management training.
	California Integrated Care Management (CICM)	$0	Integrated and comprehensive care management services for vulnerable members who meet the criteria for CICM populations. Members may contact HPSM Integrated Care Management to learn if they are eligible by calling **650-616- 2060** Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY users: call **1-800-735-2929** or dial **7-1-1**.) Or you can email CareCoordinationRequests@hpsm.org

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the CareAdvantage *Member Handbook*. If you don't have a *Member Handbook*, call the

CareAdvantage Unit at the numbers listed at the bottom of this page to get one. If you have questions, you can also call the CareAdvantage Unit or visit www.hpsm.org/careadvantage.

D. Benefits covered outside of CareAdvantage

There are some services that you can get that aren't covered by CareAdvantage but are covered by Medicare, Medi-Cal, or a State or county agency. This isn't a complete list. Call the CareAdvantage Unit at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services https://dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation Dental services in San Mateo County through the Health Plan of San Mateo (HPSM). • HPSM Medi-Cal Members – call (800) 750-4776 or (650) 616-2133 ○ TTY: 1-800-735-2929 or dial 7-1-1 For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at www.smilecalifornia.org or www.sonriecalifornia.org.	$0
Certain hospice care services covered outside of CareAdvantage	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home room and board	$0
Medi-Cal Rx covered drugs	$0
In-Home Support Services (IHSS) In-home Supportive Services (IHSS) are provided through San Mateo County Aging and Disability Services. Call the Aging and Disability Services TIES line at 1-844-868-0938 or Dial 7-1-1 for the California Relay Service TTY. A social worker will call you back to schedule a home visit to determine your eligibility and need for IHSS.	$0
Specialty mental health and substance use disorder services	$0

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Assisted living waiver (ALW)	$0
Regional center services	$0

E. Services that CareAdvantage, Medicare, and Medi-Cal don't cover

This isn't a complete list. Call the CareAdvantage Unit at the numbers listed at the bottom of this page to find out about other excluded services.

Services CareAdvantage, Medicare, and Medi-Cal don't cover	
Full-time nursing care in your home	This plan does not cover full-time nursing care in your home.
Radial keratotomy, LASIK surgery, vision therapy, and other low-vision	This plan does not cover radial keratotomy, LASIK surgery, vision.
Naturopath services (the use of natural or alternative treatments)	This plan does not cover naturopath services.
Cosmetic Surgery	This plan does not cover cosmetic surgery.
Non-medically necessary services	This plan does not cover non-medically necessary services

F. Your rights as a member of the plan

As a member of CareAdvantage, 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'll 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 aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge

- Be free from any form of physical restraint or seclusion

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. CareAdvantage will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:

- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

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

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m., or the Medi-Cal Office of the Ombudsman1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think CareAdvantage improperly denied, delayed, or modified a service, call the CareAdvantage Unit at the numbers listed at the bottom of this page. You may also submit a complaint in writing to 801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 or visit grievance.hpsm.org. You may be able to appeal our decision.

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

For complaints, grievances, and appeals, you can reach us by:

Phone: 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1
Fax: 1-650-616-2190
Online: grievance.hpsm.org
Mail: Grievance and Appeals Unit
Health Plan of San Mateo
801 Gateway Blvd., Suite 100
South San Francisco, CA 94080

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 **1-866-880-0606**, **TTY 1-800-735-2929 or dial 7-1-1** 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 **1-888-466-2219** and a TDD line **1-877-688-9891** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

H. What to do if you suspect fraud

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

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

- Call us at CareAdvantage the CareAdvantage Unit. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call the CareAdvantage Unit:
1-866-880-0606
Calls to this number are free. Monday through Sunday, 8:00 a.m. to 8:00 p.m.
CareAdvantage also has free language interpreter services available for non-English speakers.
TTY 1-800-735-2929 or dial 7-1-1.
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free. Monday through Sunday, 8:00 a.m. to 8:00 p.m.

If you have questions about your health:
Call your healthcare provider. If your provider is not available, you can call Health Plan of San Mateo (HPSM)'s Nurse Advice Line. Registered nurses are ready to answer questions about your symptoms. They can tell you how soon to see a healthcare provider, what to do if your symptoms get worse, and what you can do at home to start feeling better.
For questions about your medicines or refills, contact your provider or local pharmacy.
The numbers for the HPSM Nurse Advice Line are:
1-833-846-8773
Calls to this number are free. 24 hours a day, 7 days a week.
CareAdvantage also has free language interpreter services available for non-English speakers.
TTY 1-800-735-2929 or dial 7-1-1.
Calls to this number are free. Monday through Sunday, 8:00 a.m. to 8:00 p.m.

If you need immediate behavioral health care, please call the Behavioral Health and Recovery Services Access Call Center:
1-800-686-0101. TTY: 7-1-1
Calls to this number are free. 24 hours a day, 7 days a week.
1-800-686-0101. TTY: 7-1-1
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fax 650.616.0060
tty 800.735.2929 or dial 7-1-1

www.hpsm.org/careadvantage

Call Center Hours:
Monday through Sunday
8:00 a.m. to 8:00 p.m.