

CareAdvantage Dual Eligible Special Needs Plan (D-SNP), a Medicare Medi-Cal Plan offered by Health Plan of San Mateo

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.hpsm.org/careadvantage. Call the CareAdvantage Unit at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free English, Spanish, Chinese and Tagalog.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. 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. This call is free.
 - *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. This call is free. Or send a request in writing to:*

HEALTH PLAN OF SAN MATEO
 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 and communications, so the member does not need to make a separate request each time, and*
- *To change or cancel your preferences, please contact the CareAdvantage Unit.*

OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.



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): يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-866-880-0606 (TTY: 1-800-735-2929). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل 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: Չանգահարեք 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 ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ



កម្ពុជាបានផ្តល់ជូន។ ទូរស័ព្ទមកលេខ 1-866-880-0606 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中國人 (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。

(Farsi) خواهيد به زبان خود کمک توجه: اگر می مطلب به زبان فارسی تماس (TTY: 1-800-735-2929) 1-866-880-0606 دریافت کنید، با بگیريد. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط 1-866-880-0606 1-866-880-0606 بریل و چاپ با حروف بزرگ، نیز موجود است. با تماس بگیريد. این خدمات رایگان ارائه (TTY:1-800-735-2929) می شوند.

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(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。

한국인 (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:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂ 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.

Português (Portuguese): ATENÇÃO: se precisar de ajuda em seu idioma, ligue para 1-866-880-0606 (TTY: 1-800-735-2929). Auxílios e serviços para pessoas com deficiência, como documentos em braille e letras grandes, também estão disponíveis. Ligue para 1-866-880-0606 (TTY: 1-800-735-2929). Tais serviços são gratuitos.

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 (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 1-800-735-2929). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-866-880-0606 (TTY: 1-800-735-2929). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-866-880-0606 (TTY:1-800-735-2929). Estos servicios son gratuitos.

Tagalog: 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 serbisyonang ito.

แบบไทย (Thai): โปรดทราบ:

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



українською (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.



Table of Contents

A. Disclaimers.....	9
B. Reviewing your Medicare and Medi-Cal coverage for next year	9
B1. Information about CareAdvantage Dual Special Needs Plan (D-SNP)	10
B2. Important things to do	10
C. Changes to our network providers and pharmacies.....	11
D. Changes to benefits and costs for next year	12
D1. Changes to benefits and costs for medical services.....	12
D2. Changes to drug coverage.....	12
D3. Stage 1: “Initial Coverage Stage”	14
D4. Stage 2: “Catastrophic Coverage Stage”	15
E. Choosing a plan	15
E1. Staying in our plan	15
E2. Changing plans	16
F. Getting help.....	21
F1. Our plan	21
F2. Health Insurance Counseling and Advocacy Program (HICAP).....	21
F3. Ombudsman Program	21
F4. Medicare	22
F5. California Department of Managed Health Care	22
F6. The Medicare Prescription Payment Plan.....	23



A. Disclaimers

CareAdvantage Dual 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.

- ❖ Limitations, copay and restrictions may apply. For more information, call the CareAdvantage Unit or read the Member Handbook. This means that you may have to pay for some services and that you need to follow certain rules to have CareAdvantage pay for your services.
- ❖ The List of Coverage 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/or copay may change on January 1 of each year.
- ❖ Copay or prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Medi-Cal programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.

If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.



B1. Information about CareAdvantage Dual Special Needs Plan (D-SNP)

- CareAdvantage Dual Special Needs Plan (D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

B2. 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?
 - Review benefit and cost changes to make sure they'll work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - 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.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?



- Refer to **Section D** 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 drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with CareAdvantage:

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 automatically stay enrolled in CareAdvantage.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.hpsm.org/careadvantage. You may also call the CareAdvantage Unit at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call the CareAdvantage Unit at the number at the bottom of the page for help.



If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.

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 benefits next year. The table below describes these changes.

Benefit	2025 (this year)	2026 (next year)
Over-the-counter (OTC) Benefit	\$95 every three months. Unused card allowance carries over to the next three-month period.	\$75 every three months. Unused card allowance does not carry over to the next three-month period.
Healthy Grocery Benefit	\$70 every three months. Unused card allowance carries over to the next three-month period.	\$25 every three months. Unused card allowance does not carry over to the next three-month period.

D2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at www.hpsm.org/careadvantage. You can also call the CareAdvantage Unit at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing 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 find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're 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.

If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.



- You can call the CareAdvantage Unit at the numbers at the bottom of the page 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.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call the CareAdvantage Unit at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact the CareAdvantage Unit. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If you were granted an exception in 2025 to cover a drug that is not on *List of Covered Drugs*, you will need to ask for another exception once that exception has expired.

Some of these drug types may be new to you. For definitions of drug types, please go to **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website:

www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients.

You can also call the CareAdvantage Unit at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to drug costs

If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.



There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2026.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,100**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered 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 pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our two (2) drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information for a long-term supply, go to **Chapter 6, Section D** of your *Member Handbook*.



If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.

	2025 (this year)	2026 (next year)
Drugs in Tier 1 <i>(generic drugs)</i> Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0/\$1.60/\$4.90 each prescription.	Your copay for a one-month (30-day) supply is \$0/\$1.60/\$5.10 each prescription.
Drugs in Tier 2 <i>(brand drugs)</i> Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0/\$4.80/\$12.15 each prescription.	Your copay for a one-month (30-day) supply is \$0/\$4.90/\$12.65 each prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** of your *Member Handbook*.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.



E2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.
- Because you have Medi-Cal, you can end your membership in our plan any month of the year.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.

<p>1. You can change to:</p> <p>A Medi-Medi Plan is a type of Medicare Advantage plan. It's for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</p> <p>Note: The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/. <p>OR</p> <p>Enroll in a new Medi-Medi Plan.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan won't change unless you request a change.</p>
--------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare 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 drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, 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 https://www.hicapsanmateocounty.org/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/. <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan won't change unless you request a change.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.



If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.

F. Getting help

F1. Our plan

We're here to help if you have any questions. Call the CareAdvantage Unit at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.hpsm.org/careadvantage. You may also call the CareAdvantage Unit at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026

Our website

You can visit our website at www.hpsm.org/careadvantage. 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. Health Insurance Counseling and Advocacy Program (HICAP)

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 plan choices and answer questions about switching plans. HICAP isn't 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. (7-1-1). For more information or to find a local HICAP office in your area, please visit <https://www.hicapsanmateocounty.org/>.

F3. Ombudsman Program

The Medicare Medi-Cal Ombudsman Program can help you if you have a problem with our plan. The Ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombudsman Program:

- can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.



If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.

- isn't connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombudsman Program is 1-855-501-3077.

F4. Medicare

To get information directly from Medicare;

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

F5. 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** 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 Medi-Cal grievance involving an emergency, a Medi-Cal grievance that has not been satisfactorily resolved by your health plan, or a Medi-Cal 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) for Medi-Cal benefits. 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



If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.

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.dmh.ca.gov.

Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

F6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.medicare.gov.



If you have questions, please 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. **For more information**, visit www.hpsm.org/careadvantage.