

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan) offered by Health Plan of San Mateo

Annual Notice of Changes for 2022

Introduction

You are currently enrolled as a member of CareAdvantage Cal MediConnect Plan (CMC). Next year, there will be some changes to the plan's benefits and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call 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.



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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.

A. Disclaimers

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

Limitations, copay and restrictions may apply. For more information, call the CareAdvantage Unit or read the CareAdvantage CMC *Member Handbook*. This means that you may have to pay for some services and that you need to follow certain rules to have CareAdvantage CMC pay for your services.

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

Benefits and/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 is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you choose to leave CareAdvantage CMC, your membership will end on the last day of the month in which your request was made.

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

- You will have a choice about how to get your Medicare benefits (refer to page 12 to see your choices).
- You will continue to be enrolled in Health Plan of San Mateo for your Medi-Cal benefits (refer to page 12 for more information).

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

If you have questions, please call the CareAdvantage Unit at **1-866-880-0606**,

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B1. Additional resources

- **ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call **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.
- You can get this document 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. The call is free.
- **ATENCIÓN:** Si usted habla español, dispone de servicios de asistencia de idioma sin cargo. Llame al **1-866-880-0606**, TTY **1-800-855-3000**, o marque **7-1-1**, de lunes a domingo, de 8:00 a.m. a 8:00 p.m. La llamada es gratuita.
- Puede obtener esta información de forma gratuita en otros formatos, como en letra grande, Braille o audio. Llame al Departamento de CareAdvantage al **1-866-880-0606**, de lunes a domingo, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al **1-800-855-3000** o marcar **7-1-1**. La llamada es gratuita.
- 注意: 如果您說中文, 我們可免費提供語言協助服務。請致電 **1-866-880-0606**、TTY (聽力及語言障礙) 專線 **1-800-735-2929** 或撥 **7-1-1**, 服務時間為週一至週日上午 8:00 至晚上 8:00; 該電話為免費服務。
- 您可以免費以其他形式取得本資訊, 如大號字體、盲人用點字或錄音。致電 CareAdvantage Unit, 電話是 **1-866-880-0606**, 服務時間為週一至週日上午 8:00 至晚上 8:00。有聽力或語言障礙者應撥打 TTY 電話 **1-800-735-2929** 或 **7-1-1**。該電話為免費電話服務。
- **ATENSYON:** Kung nagsasalita kayo ng Tagalog, may mga paglilingkod para sa pagtulong sa wika, nang libre na makakamit ninyo. Tumawag sa **1-866-880-0606**, para sa TTY tumawag sa **1-800-735-2929** o i-dial ang **7-1-1**, Lunes hanggang Linggo, 8:00 a.m. hanggang 8:00 p.m. Libre ang tawag.
- Maaari mong makuha nang libre ang impormasyong ito sa iba pang anyo, kagaya ng malalaking letra, braille, o audio. Tawagan ang Yunit ng CareAdvantage sa **1-866-880-0606**, Lunes hanggang Linggo, mula 8:00 a.m. hanggang 8:00 p.m. Ang mga gumagamit ng TTY ay dapat tumawag sa **1-800-735-2929** o i-dial ang **7-1-1**. Libre ang tawag.
- **ВНИМАНИЕ:** Если вы говорите по-русски, вы можете бесплатно воспользоваться услугами языковой поддержки. Звоните по номеру телефона **1-866-880-0606**. (Пользователям телетайпа (TTY) следует звонить по номеру **1-800-735-2929** или

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.

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набирать **7-1-1**. Звонить можно в любой день недели с 8:00 до 20:00. Звонок бесплатный.

- Вы можете получить эту информацию бесплатно в другом формате, например в виде текста, набранного крупным шрифтом или шрифтом Брайля, или в виде аудиозаписи. Позвоните в подразделение CareAdvantage Unit по номеру **1-866-880-0606** в любой день недели с 8:00 до 20:00. Пользователям телетайпа (TTY) следует звонить по номеру **1-800-735-2929** или набирать **7-1-1**. Звонки по этому номеру бесплатные.
- To make a standing request to have this and other materials mailed to you in a specific language or alternate format, call the CareAdvantage Unit.

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.

B2. Information about CareAdvantage CMC

- CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Coverage under CareAdvantage CMC is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- CareAdvantage CMC is offered by Health Plan of San Mateo. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Health Plan of San Mateo. When it says “the plan” or “our plan,” it means CareAdvantage CMC.

B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D1 for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug 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.

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

If you decide to stay with CareAdvantage CMC:

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

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 13 to learn more about your choices.

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.



C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current *Provider and Pharmacy Directory* to find out** your providers or pharmacy are still 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 **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. for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

There are no changes to your benefits or amounts you pay for medical services. Our benefits and what you pay for these covered medical services will be exactly the same in 2022 as they are in 2021.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.hpsm.org/careadvantage. You may also call the CareAdvantage Unit at **1-866-880-0606** for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “Drug List.”

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

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

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

- **Work with your doctor (or other prescriber) to find a different drug that we cover.**
 - You can call the CareAdvantage Unit at **1-866-880-0606** 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.

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.

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- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.**
 - You can ask for an exception before next year and we will 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 the *2022 Member Handbook* or call the CareAdvantage Unit at **1-866-880-0606**.
 - If you need help asking for an exception, you can contact the CareAdvantage Unit. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Case Manager.

If you have a current formulary exception, you may need to request a new exception next year. To find out if you need to request a new exception, check with your pharmacy 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.

Changes to prescription drug costs

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

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2022. You begin this stage when you have paid a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$7,050**. At that point, the Catastrophic Coverage Stage begins. The plan covers all 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 will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it.

If you have questions, please call the CareAdvantage Unit at **1-866-880-0606**,

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You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

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

The following table shows your costs for drugs in each of our (3) drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	2021 (this year)	2022 (next year)
<p>Drugs in Tier 1 <i>(generic drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0, \$1.30, or \$3.70 per prescription depending on your income.</p>	<p>Your copay for a one-month (30-day) supply is \$0, \$1.35, or \$3.95 per prescription depending on your income.</p>
<p>Drugs in Tier 2 <i>(brand name drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0, \$4.00, or \$9.20 per prescription depending on your income.</p>	<p>Your copay for a one-month (30-day) supply is \$0, \$4.00, or \$9.85 per prescription depending on your income.</p>
<p>Drugs in Tier 3 <i>(Medi-Cal covered drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your co-pay for a one-month (31-day) supply is \$0.</p>	<p>Your co-pay for a one-month (30-day) supply is \$0.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$7,050**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from

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then until the end of the year. Refer to Chapter 6 for more information about how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$7,050** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

Changes to prescription drug costs

The following table shows your costs for drugs in each of our (3) drug tiers.

	2021 (this year)	2022 (next year)
Drugs in Tier 1 <i>(generic drugs)</i> Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0, \$1.30, or \$3.70 per prescription depending on your income.	Your copay for a one-month (30-day) supply is \$0, \$1.35, or \$3.95 per prescription depending on your income.
Drugs in Tier 2 <i>(brand name drugs)</i> Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0, \$4.00, or \$9.20 per prescription depending on your income.	Your copay for a one-month (30-day) supply is \$0, \$4.00, or \$9.85 per prescription depending on your income.
Drugs in Tier 3 <i>(Medi-Cal covered drugs)</i> Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your co-pay for a one-month (31-day) supply is \$0.	Your co-pay for a one-month (30-day) supply is \$0.

If you have questions, please call the CareAdvantage Unit at **1-866-880-0606**,

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D5. Changes to benefits and costs for dental services

Starting on January 1, 2022, your dental benefits will be managed by Health Plan of San Mateo (HPSM) through a new program called **HPSM Dental**. This change will be automatic. You do not need to do anything.

There are no changes to your dental benefits or amounts you pay for dental services. HPSM Dental benefits and what you pay for covered dental services will be exactly the same in 2022 as they are in 2021. Your Medi-Cal eligibility and benefits stay the same. Your Medi-Cal eligibility and other benefits managed by HPSM will also not change. The only change will be to how you get your dental benefits.

Learn more about HPSM Dental at www.hpsm.org/dental. If you have more questions, 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.

	2021 (this year)	2022 (next year)
Dental Coverage	Coverage is through the Medi-Cal Dental Program	Coverage is through HPSM Dental
Cost for Dental Coverage	\$0	\$0

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not change to a Medicare Advantage Plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2022.

E2. How to leave CareAdvantage CMC

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

If you leave CareAdvantage CMC and do not join a Medicare Advantage Plan, you will go back to getting your Medicare and Medi-Cal services separately.

You will continue to get your Medi-Cal services through Health Plan of San Mateo. Your Medi-Cal services include most long-term services and supports and behavioral health care.

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.

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

<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements and live within the service area, a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For 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. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from CareAdvantage CMC when your new plan's coverage begins.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. 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. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from CareAdvantage CMC when your Original Medicare coverage begins.</p>

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.

3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription 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 www.aging.ca.gov/HICAP/.

Here is what to do:

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

If you need help or more information:

- 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 www.aging.ca.gov/HICAP/.

You will automatically be disenrolled from CareAdvantage CMC when your Original Medicare coverage begins.

F. How to get help

F1. Getting help from CareAdvantage CMC

Questions? We're here to help. Please call the CareAdvantage Unit at **1-866-880-0606** (TTY only, call **1-800-735-2929** or dial **7-1-1**). We are available for phone calls Monday through Sunday, 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

Read your 2022 Member Handbook

The *2022 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is always available on our website at www.hpsm.org/careadvantage. You may also call the CareAdvantage Unit at **1-800-880-0606** to ask us to mail you a *2022 Member Handbook*.

Our website

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.



CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Annual Notice of Changes for 2022**

You can also 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. Getting help from the Cal MediConnect Ombuds Program

The Cal MediConnect Ombuds Program can help you if you are having a problem with CareAdvantage CMC. The ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is **1-855-501-3077**.

F3. Getting help from the Health Insurance Counseling and Advocacy Program

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

F4. Getting help from Medicare

To get information directly from Medicare, you can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage Plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage Plans.

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

Medicare & You 2022

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.



CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Annual Notice of Changes for 2022**

You can read the *Medicare & You 2022* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

F5. Getting help from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-866-880-0606** 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 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.dmhca.gov has complaint forms, IMR application forms and instructions online.

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.