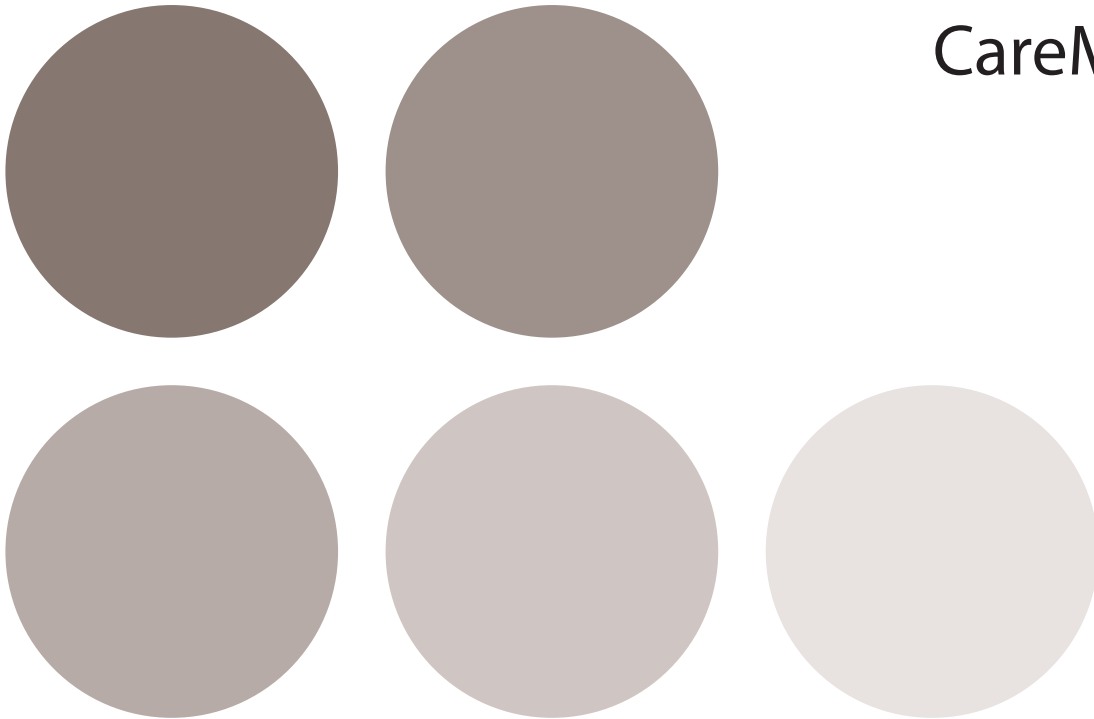


# Summary of Benefits

CareMore Cal MediConnect Plan  
(Medicare-Medicaid Plan)

Los Angeles County, CA  
2017



For more information,  
visit [duals.caremore.com](http://duals.caremore.com).



If you have questions, please call CareMore Cal MediConnect Plan Member Services at **1-888-350-3447 (TTY 711)**, Monday through Friday from 8 a.m. to 8 p.m. Pacific time.

H6229\_17\_24825B\_U CMS Accepted 09/02/2016

## Summary of Benefits




**This is a summary of health services covered by CareMore Cal MediConnect Plan for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits.**

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- † CareMore 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. It is for people with both Medicare and Medi-Cal.
- † CareMore administrates the contract on behalf of an affiliate of CareMore. ®CareMore is a registered trademark of CareMore Health System.
- † Under CareMore Cal MediConnect Plan you can get your Medicare and Medi-Cal services in one health plan. A CareMore Cal MediConnect Plan Case Manager will help manage your health care needs.
- † This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- † Limitations and restrictions may apply. For more information, call CareMore Cal MediConnect Plan Member Services or read the CareMore Cal MediConnect Plan Member Handbook.
- † The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- † Benefits may change on January 1 of each year
- † You can get this information for free in other languages. Call 1-888-350-3447 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.

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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Դուք կարող եք անվճար ստանալ այս տեղեկությունն այլ լեզուներով: Զանգահարեք 1-888-350-3447 (TTY 711)  
հեռախոսահամարներով: Երկուշաբթիից ուրբաթ՝ 08:00-20:00, խաղաղօվկիանոսյան ժամանակով: Զանգն անվճար է:

您可以免費取得本手冊其他語言版本。請致電

1-888-350-3447, 週一至週五, 上午 8:00 至晚上 8:00。TTY 使用者可撥打 711。此為免費電話

بإمكانك الحصول على هذه المعلومات مجاناً بلغات أخرى. اتصل على الرقم 1-888-350-3447 ( الخط الخاص بالاعضاء ممن لديهم ضعف في السمع أو النظر، TTY 711)،  
(من يوم الاثنين لغاية يوم الجمعة ومن الساعة 8 صباحاً لغاية 8 مساءً). هذه المكالمات مجانية.

تماس بگیرید. 1-888-350-3447 شب با شماره 8:00 صبح تا 8:00 می توانید این دفترچه را به طور رایگان به سایر زبان ها دریافت کنید. از دوشنبه تا جمعه و از ساعت  
تماس بگیرند. این تماس رایگان است "711 باید با شماره TTY کاربران

លោកអ្នកអាចទទួលបានសៀវភៅណែនាំនេះ ដោយឥតគិតថ្លៃ ជាភាសាផ្សេងទៀត ។ សូមទូរស័ព្ទមកលេខ 1-888-350-3447 ពីថ្ងៃចន្ទ ដល់ថ្ងៃ  
សុក្រ ពីម៉ោង 8:00ព្រឹក ដល់ម៉ោង 8:00ល្ងាច ។ អ្នកប្រើប្រាស់ TTY សូមហៅមកលេខ 711 ។ ការហៅទូរស័ព្ទគឺឥតគិតថ្លៃ ។

귀하께서는 이 안내서를 다른 언어로 무료로 받아보실 수 있습니다. 주중 (월-금) 오전 8:00시에서 오후 8:00시 사이에 1-888-350-  
3447번으로 전화해 주십시오. TTY 사용자는 711로 전화해 주십시오. 통화는 무료입니다.

Этот справочник можно бесплатно получить в переводе на другие языки. Звоните по телефону 1-888-350-3447, линия  
работает с понедельника по пятницу с 8:00 до 20:00. Если вы пользуетесь устройством TTY, звоните по телефону 711.  
Звонки бесплатные.

Puedes recibir este manual en otros idiomas sin cargo. Llama al 1-888-350-3447 de lunes a viernes, de 8.00 a.m. a 8.00 p.m.  
Los usuarios de TTY deben llamar al 711. La llamada es gratuita.

Makukuha ninyo nang libre ang handbook na ito sa ibang wika. Tawagan ang 1-888-350-3447, Lunes hanggang Biyernes 8:00  
am hanggang 8:00 pm. Ang mga gumagamit ng TTY ay dapat tawagan ang 711. Libre ang pagtawag.

Quý vị có thể nhận sổ tay này miễn phí bằng các ngôn ngữ khác. Hãy gọi số 1-888-350-3447, từ Thứ Hai đến Thứ Sáu, từ 8 giờ  
sáng đến 8 giờ tối. Người dùng TTY cần gọi đến số 711. Cuộc gọi được miễn phí.

- ❖ CareMore administers the contract on behalf of an affiliate of CareMore. It is for people with both Medicare and Medi-Cal. ©CareMore is a registered trademark of CareMore Health System.

**If you have questions**, please call CareMore Cal MediConnect Plan at **1-888-350-3447 (TTY 711)**, Monday through Friday from 8:00 a.m. to 8:00 p.m. The call is free. After-hours messaging is available 24 hours a day, 7 days a week, including holidays. **For more information**, visit [duals.caremore.com](https://duals.caremore.com). You can ask also for this information in other formats such as Braille or large print. Call 1-888-350-3447 (TTY 711). The call is free.

## CareMore Cal MediConnect Plan: **Summary of Benefits**

- ‡ You can request to have health plan information sent to you (now and in the future) in your language or in other formats (Braille, audio and large print). To make this request, call Member Services at 1-888-350-3447 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

The following chart lists frequently asked questions.


Frequently Asked Questions (FAQ)	Answers
<b>What is a Cal MediConnect plan?</b>	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has a care management team to help you manage all your providers and services. They all work together to provide the care you need. CareMore Cal MediConnect Plan (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
<b>What is a CareMore Cal MediConnect Plan Case Manager?</b>	A CareMore Cal MediConnect Plan Case Manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are Long-Term Services and Supports (LTSS)?</b>	<p>LTSS are for beneficiaries who need assistance to do everyday tasks like taking a bath, 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.</p> <p>LTSS include the following four programs: In-Home Supportive Services (IHSS), Multi-purpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Frequently Asked Questions (FAQ)	Answers
<b>Will you get the same Medicare and Medi-Cal benefits in CareMore Cal MediConnect Plan that you get now?</b>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from CareMore Cal MediConnect Plan. You will 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. When you enroll in CareMore Cal MediConnect Plan, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>Also, if you are taking any Medicare Part D prescription drugs that CareMore Cal MediConnect Plan does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for CareMore Cal MediConnect Plan to cover your drug if medically necessary.</p>
<b>Can you go to the same doctors you see now?</b>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with CareMore Cal MediConnect Plan and have a contract with us, you can keep going to them. Providers who have an agreement with us are “in-network.” You must use the providers in CareMore Cal MediConnect Plan’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareMore Cal MediConnect Plan's plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read CareMore Cal MediConnect Plan’s <i>Provider and Pharmacy Directory</i>.</p> <p>If CareMore Cal MediConnect Plan is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for 12 months for Medicare-covered services and 12 months for Medi-Cal covered services. Contact Member Services to request “Continuity of Care” at 1-888-350-3447 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m.</p>

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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Frequently Asked Questions (FAQ)	Answers
<b>What happens if you need a service but no one in CareMore Cal MediConnect Plan's network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CareMore Cal MediConnect Plan will pay for the cost of an out-of-network provider.
<b>Where is CareMore Cal MediConnect Plan available?</b>	The service area for this plan includes: Los Angeles County,* California. You must live in this area to join the plan.  *Denotes partial county. Call Member Services for more information about whether the plan is available where you live.
<b>Do you pay a monthly amount (also called a premium) under CareMore Cal MediConnect Plan?</b>	You will not pay any monthly premiums to CareMore Cal MediConnect Plan for your health coverage.
<b>What is prior authorization?</b>	Prior authorization means that you must get approval from CareMore Cal MediConnect Plan before you can get a specific service or drug or see an out-of-network provider. CareMore Cal MediConnect Plan may not cover the service or drug if you don't get approval.  If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. CareMore Cal MediConnect Plan can provide you with a list of services or procedures that require you to obtain prior authorization from CareMore Cal MediConnect Plan before the service is provided.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Frequently Asked Questions (FAQ)	Answers
<b>What is a referral?</b>	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, CareMore Cal MediConnect Plan may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.
<b>Who should you contact if you have questions or need help?</b>	<b>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call CareMore Cal MediConnect Plan Member Services:</b>  <b>CALL 1-888-350-3447</b>  Calls to this number are free. Monday - Friday, 8:00 a.m. to 8:00 p.m. After-hours messaging is available 24 hours a day, 7 days a week, including holidays. Or, visit <b><a href="https://duals.caremore.com">duals.caremore.com</a></b> . Member Services also has free language interpreter services available for people who do not speak English.  <b>TTY 711</b>  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Monday through Friday from 8:00 a.m. to 8:00 p.m. After-hours messaging is available 24 hours a day, 7 days a week, including holidays.




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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Frequently Asked Questions (FAQ)	Answers
<b>Who should you contact if you have questions or need help? (continued)</b>	<p><b>If you have questions about your health, please call the Nurse Advice Call line:</b></p> <p><b>CALL 1-800-224-0336</b></p> <p>Calls to this number are free. 24 hours a day, 7 days a week, including holidays.</p> <p><b>TTY 1-800-368-4424</b></p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. 24 hours a day, 7 days a week, including holidays.</p> <p><b>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</b></p> <p><b>CALL 1-888-325-1951</b></p> <p>Calls to this number are free. 24 hours a day, 7 days a week, including holidays.</p> <p><b>TTY 711</b></p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. 24 hours a day, 7 days a week, including holidays.</p>

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## CareMore Cal MediConnect Plan: **Summary of Benefits**

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


Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You want to see a doctor</b></p>	<p>Visits to treat an injury or illness</p>	<p>\$0 copay</p>	<p>You must go to network doctors, specialists, and hospitals.</p> <p>Authorization rules may apply.</p> <p>Referral required for specialists (for certain benefits).</p>
	<p>Wellness visits, such as a physical</p>	<p>\$0 copay</p>	<p>Annual Wellness Visit every 12 months.</p>
	<p>Transportation to a doctor's office</p>	<p>\$0 copay</p>	<p><b>Non-Medical Transportation (NMT)</b></p> <p>Up to 30 one-way trip(s) to plan-approved locations every year. After the limit is met, the plan will ensure compliance with The Medicaid Assurance of Transportation provisions to provide necessary transportation for beneficiaries to and from providers.</p> <p><b>Non-Emergency Medical Transportation (NEMT)</b></p> <p>Provides transportation options for those unable to be transported through traditional means of transportation and/or at the request of the provider or case manager.</p> <p>Authorization and referral rules may apply.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Specialist care	\$0 copay	You must go to network doctors, specialists, and hospitals. Authorization rules may apply. Referral required for network specialists (for certain benefits).
	Care to keep you from getting sick, such as flu shots	\$0 copay	\$0 copay for all preventive services covered under Original Medicare.
	“Welcome to Medicare” preventive visit (one time only)	\$0 copay	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0 copay	Authorization and referral rules may apply.
	X-rays or other pictures, such as CAT scans	\$0 copay	Authorization and referral rules may apply.
	Screening tests, such as tests to check for cancer	\$0 copay	Authorization and referral rules may apply.

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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b></p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for a 31-day supply</p>	<p>There may be limitations on the types of drugs covered. Please see CareMore Cal MediConnect Plan's List of Covered Drugs (Drug List) for more information. Your provider must get prior authorization from CareMore Cal MediConnect Plan for certain drugs. Some drugs have quantity limits. For some generic drugs, you can get up to three months/93 days of the drug for the same copay as a one-month/31-day supply when you fill your prescription at an in-network retail pharmacy or through mail-order.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</p> <p><b>Out-of-Network:</b> Plan drugs may be covered in special cases, like if you get sick while traveling outside the plan's service area where there's no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. Also, you will likely have to pay the pharmacy's full charge for the drug and send in written proof to get money back from CareMore Cal MediConnect Plan.</p>

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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p>	<p>Brand name drugs</p>	<p>\$0 copay for a 31-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see CareMore Cal MediConnect Plan’s List of Covered Drugs (Drug List) for more information. Your provider must get prior authorization from CareMore Cal MediConnect Plan for certain drugs. Some drugs have quantity limits. For some brand drugs, you can get up to three months/93-days of the drug for the same copay as a one-month/31-day supply when you fill your prescription at an in-network retail pharmacy or through mail-order.</p> <p>You must go to certain pharmacies for some drugs due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</p> <p><b>Out-of-Network:</b> Plan drugs may be covered in special cases, like if you get sick while traveling outside the plan's service area where there’s no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. Also, you will likely have to pay the pharmacy's full charge for the drug and send in written proof to get money back from CareMore Cal MediConnect Plan.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p>	<p>Over-the-counter drugs</p>	<p>\$0 copay</p>	<p>There may be limitations on the types of drugs covered. Please see CareMore Cal MediConnect Plan's List of Covered Drugs (Drug List) for more information.</p> <p>Coverage of Over-the-Counter (OTC) drugs is limited to Tier 4 OTC drugs covered by Medi-Cal and must be prescribed by a licensed provider.</p>
	<p>Medicare Part B prescription drugs</p>	<p>\$0 copay</p>	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.</p>
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0 copay</p>	<p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>Authorization and/or referral rules may apply. Contact plan for details.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services	\$0 copay	<p>Prior authorization is not required for in-network or out-of-network emergency medical care whenever you need it, anywhere in the United States or its territories.</p> <p>Emergency and urgent care services covered worldwide up to a combined \$10,000 limit. Contact plan for details.</p>
	Ambulance services	\$0 copay	<p>Prior authorization is not required for in-network and out-of-network emergency ambulance services.</p> <p>For non-emergency ambulance services, authorization requirements may apply.</p>
	Urgent care	\$0 copay	<p>This is NOT emergency care. Urgent care is when a condition, illness, or injury is not life threatening, but medical care is needed right away. Urgent care services may be obtained out of network without prior authorization.</p> <p>Emergency and urgent care services covered worldwide up to a combined \$10,000 limit. Contact plan for details.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need hospital care</b></p>	<p>Hospital stay</p>	<p>\$0 copay</p>	<p>No limit to the number of days covered by the plan each hospital stay.</p> <p>Your doctor must tell the plan that you are going to be admitted to the hospital, except in an emergency.</p> <p>You must go to network hospitals.</p> <p>Authorization and/or referrals are required for network hospitals and specialists (for certain benefits).</p>
	<p>Doctor or surgeon care</p>	<p>\$0 copay</p>	<p>Doctor and surgeon care is provided as part of your hospital stay.</p>
<p><b>You need help getting better or have special health needs</b></p>	<p>Rehabilitation services</p>	<p>\$0 copay</p>	<p><b><u>Outpatient Rehabilitation Services</u></b></p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>Authorization and/or referral rules may apply. Contact plan for details.</p> <p><b><u>Cardiac and Pulmonary Rehabilitation Services</u></b></p> <p>Authorization rules may apply.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting better or have special health needs</b> (continued)</p>	<p>Medical equipment for home care</p>	<p>\$0 copay</p>	<p>Authorization rules may apply. Contact plan for details.</p>
	<p>Skilled nursing care</p>	<p>\$0 copay</p>	<p><b><u>Skilled Nursing Facility (SNF)</u></b></p> <p>No limit to the number of days covered by the plan each SNF stay.</p> <p>No prior hospital stay is required.</p> <p>Authorization and/or referral rules may apply. Contact plan for details.</p> <p><b><u>Home Health Care (including medically necessary intermittent skilled nursing care)</u></b></p> <p>Authorization and/or referral rules may apply. Contact plan for details.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**


Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need eye care</b></p>	<p>Eye exams</p>	<p>\$0 copay</p>	<p>Medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk. Authorization and/or referral rules may apply.</p> <p>One supplemental routine eye exam every year. Prior authorization is not required for services provided by a contracted provider.</p>
	<p>Glasses or contact lenses</p>	<p>\$0 copay</p>	<p>One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery. Authorization rules may apply.</p> <p>One pair of eyeglasses (lenses and frames) or contact lenses every two years.</p> <p>\$175 plan coverage limit for supplemental eyewear every two years.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hearing or auditory services</b>	Hearing screenings	\$0 copay	Authorization and/or referral rules may apply.
	Hearing aids	\$0 copay	Hearing aid benefit \$1,510 allowance including sales tax, per fiscal year (July 1 – June 30), and includes molds, modification supplies and accessories and other services covered under Medi-Cal. This is a total allowance for both ears. Referral rules may apply.
<b>You have a chronic condition, such as diabetes or heart disease</b>	Services to help manage your disease	\$0 copay	Authorization and/or referral rules may apply.
	Diabetes supplies and services	\$0 copay	Covered services include: <ul style="list-style-type: none"> <li>• Diabetes self-management training</li> <li>• Diabetes monitoring supplies</li> <li>• Therapeutic shoes or inserts</li> </ul> Contact the plan for a list of covered supplies. Authorization rules may apply.
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0 copay	Covered services include: <ul style="list-style-type: none"> <li>• Individual therapy visit</li> <li>• Group therapy visit</li> <li>• Medication management visit with a psychiatrist or licensed qualified prescribers</li> <li>• Partial hospitalization program services</li> </ul> Authorization and/or referral rules may apply.

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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a substance abuse problem</b></p>	<p>Substance abuse services</p>	<p>\$0 copay</p>	<p><b><u>Inpatient Hospital Care</u></b></p> <p>Includes Substance Use Disorder Medical detoxification.</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>Your doctor must tell the plan that you are going to be admitted to the hospital, except in an emergency.</p> <p>Authorization rules may apply.</p> <p><b><u>Outpatient Substance Use Disorder Treatment</u></b></p> <p>Covered services include:</p> <ul style="list-style-type: none"> <li>• Individual substance use disorder outpatient treatment visit by a licensed qualified professional</li> <li>• Group substance use disorder outpatient treatment visit by a licensed qualified professional</li> </ul> <p>Authorization and/or referral rules may apply.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need long-term mental health services</b></p>	<p>Inpatient care for people who need mental health care</p>	<p>\$0 copay</p>	<p><b><u>In-Network</u></b></p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> <p>Your doctor must tell the plan that you are going to be admitted to the hospital, except in an emergency.</p> <p>Authorization rules may apply.</p> <p><b><u>Institution for Mental Disease Services for Individuals 65 or Older</u></b></p> <p>Authorization and/or referral rules may apply.</p> <p>Contact plan for details.</p>



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0 copay	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.
	Canes	\$0 copay	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.
	Crutches	\$0 copay	Authorization rules may apply. Contact the plan for details.
	Walkers	\$0 copay	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.
	Oxygen	\$0 copay	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b>	Meals brought to your home	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Home services, such as cleaning or housekeeping	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Changes to your home, such as ramps and wheelchair access	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Home health care services	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b> (continued)	Services to help you live on your own	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Adult day services or other support services	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
<b>You need a place to live with people available to help you</b>	Nursing home care	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
<b>Your caregiver needs some time off</b>	Respite care	\$0 copay	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

### Other services that CareMore Cal MediConnect Plan covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by CareMore Cal MediConnect Plan*	Your costs for <u>in-network</u> providers
CareMore Care Centers are here to help you get the health care you need. We help members work with their doctor and specialist. At these Centers, you get the personal care you need to help you feel your very best. <b><i>Not all programs are offered at each center.</i></b> Some of the programs that may be available at your local CareMore Care Center are:	
<b>Healthy Start</b> – Members get a complete health exam by a specially trained nurse. The nurse will discuss treatment choices and follow-up care to help you manage your health.	\$0 copay
<b>Healthy Journey</b> – Members get a yearly head-to-toe check-up. This includes a physical exam, pain level check, labs and more.	\$0 copay
<b>Diabetes Management Program</b> – This program can help you learn how to control your blood sugar levels. As part of the program you will have access to a toll-free helpline, exercise and healthy eating classes. All members with diabetes are welcome to join.	\$0 copay
<b>Fall Prevention Program</b> – We do a full screening for members with past falls or at risk for falls.	\$0 copay
<b>Hypertension Program</b> – This program helps members learn about high blood pressure and how to monitor their blood pressure. Members will also get frequent wellness check-ups.	\$0 copay
<b>Foot Center</b> – Members get regular foot check-ups and toenail trimmings.	\$0 copay
<b>Anticoagulation Therapy Program</b> – This program is for members who take blood thinner medicine. As part of the program members learn about medicine side effects and how to take your medicine the right way.	\$0 copay
<b>Congestive Heart Failure (CHF) Program</b> – We help you learn how to stop CHF from getting worse. We work with you to help you be as healthy as you can be. All members with CHF are welcome to join.	\$0 copay

\* Authorization and/or referral rules may apply. Contact plan for details.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Other services covered by CareMore Cal MediConnect Plan*	Your costs for <u>in-network</u> providers
<b>Chronic Obstructive Pulmonary Disease (COPD) Program</b> – As part of the program you will get tools that can help you live healthier with COPD. This can help prevent frequent visits to the hospital due to problems with COPD. All members with COPD are welcome to join.	\$0 copay
<b>Wound Care Program</b> – We offer wound treatment, medical history review and wound supplies. We also help create a personal wound care plan.	\$0 copay
<b>Ideal Life Program</b> – As part of this program you may get electronic tools that you can use at home to monitor your condition. These monitoring tools will send information to your nurse. The nurse will review the information she gets to make sure you are doing ok. This program is for members with CHF and/or high blood pressure. You must qualify to get these monitoring tools.	\$0 copay
<b>Strength and Fitness Training</b> – Some Care Centers have strength training programs and nutrition advice for adults. We work with you and watch how well you are doing.	\$0 copay
<b>Podiatry Services</b>	<p>\$0 copay</p> <p>Podiatry visits are limited for medically necessary foot care.</p> <p>\$0 copay for 12 visits per year for routine foot care.</p> <p>Authorization and/or referral rules may apply.</p>

\* Authorization and/or referral rules may apply. Contact plan for details



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Other services covered by CareMore Cal MediConnect Plan*	Your costs for <u>in-network</u> providers
<b>LiveHealth Online</b>	\$0 copay for live, two-way video consult with participating board-certified physician. Go to <a href="http://livehealthonline.com">livehealthonline.com</a>
<b>Acupuncture</b>	\$0 copay Limited to two outpatient services per calendar month, delivered by approved providers. Authorization rules apply for additional medically necessary visits.
<b>Chiropractic Services</b>	\$0 copay Chiropractic visits are limited to manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part). Authorization and/or referral rules may apply.
<b>Prosthetic Devices</b>	\$0 copay Authorization rules may apply.
<b>Incontinence cream and diapers</b>	\$0 copay Authorization rules may apply.

\* Authorization and/or referral rules may apply. Contact plan for details



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Other services covered by CareMore Cal MediConnect Plan*	Your costs for <u>in-network</u> providers
<b>Kidney Disease and Conditions</b>	\$0 copay Dialysis in a center or in the home is covered when prescribed by a licensed provider. Authorization and/or referral rules may apply.
<b>Tobacco Cessation Counseling for Pregnant Women</b>	\$0 copay Contact plan for details. Authorization rules may apply.
<b>Wellness/Education and Other Supplemental Benefits &amp; Services</b>	\$0 copay The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> <li>• Health and wellness education services and programs, including: <ul style="list-style-type: none"> <li>* Nutritional counseling</li> <li>* Smoking and Tobacco Use Cessation Visits</li> <li>* 24-hour Nurse Advice Line</li> </ul> </li> </ul>
<b>Respiratory Care Services</b>	\$0 copay Authorization and /or referral rules may apply. Contact plan for details.
<b>Nursing Home Services</b>	\$0 copay Authorization and/or referral rules may apply. Contact plan for details.

\* Authorization and/or referral rules may apply. Contact plan for details



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

Other services covered by CareMore Cal MediConnect Plan*	Your costs for <u>in-network</u> providers
<b>Personal Care Services</b>	\$0 copay Authorization and/or referral rules may apply. Contact plan for details.
<b>Self-Directed Personal Assistance Services</b>	\$0 copay Authorization and/or referral rules may apply. Contact plan for details.
<b>Case Management</b>	\$0 copay Authorization and/or referral rules may apply. Contact plan for details.
<b>Nursing Facility Resident Services</b>	\$0 copay for: Nursing facility resident chiropractic care & foot care Nursing facility resident vision & dental Nursing facility resident acupuncture Nursing facility resident hearing exams & hearing aids Authorization and/or referral rules may apply. Contact plan for details.
<b>Multi-Senior Services Program (MSSP)</b>	\$0 copay Contact plan for details. \$4,285 plan coverage limit for Multi-Senior Services Program (MSSP) every year. Authorization and/or referral rules may apply.

\* Authorization and/or referral rules may apply. Contact plan for details



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# CareMore Cal MediConnect Plan: **Summary of Benefits**

## **Benefits covered outside of CareMore Cal MediConnect Plan**

This is not a complete list. Call Member Services to find out about other services not covered by CareMore Cal MediConnect Plan but available through Medicare or Medi-Cal.

<b>Other services covered by Medicare or Medi-Cal</b>	<b>Your costs</b>
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Certain dental services, including cleanings, fillings, and complete dentures	Services that are covered under the Medi-Cal Dental Program are not chargeable to you. However, you are responsible for your share of cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Medi-Cal.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

### **Services that CareMore Cal MediConnect Plan, Medicare, and Medi-Cal do not cover**

This is not a complete list. Call Member Services to find out about other excluded services.

#### **Services not covered by CareMore Cal MediConnect Plan, Medicare, or Medi-Cal**

Services not reasonable and necessary, according to the standards of Medicare and Medi-Cal, unless these services are listed by our plan as covered services.

Experimental medical and surgical treatments, items and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatments and items are those that are not generally accepted by the medical community.

Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.

Cosmetic surgery or other cosmetic work, unless because of an accidental injury or to improve a part of the body that is not shaped right. However, we will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

Reversal of sterilization procedure and non-prescription contraceptive supplies.



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# CareMore Cal MediConnect Plan: **Summary of Benefits**

## **Your rights as a member of the plan**

As a member of CareMore Cal MediConnect Plan, 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 will 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 are not limited to, the following:

- **You have a right to respect, fairness and dignity.**  
This includes the right to:
  - » Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - » Request information in other formats (e.g., large print, braille, and/or audio)
  - » Be free from any form of restraint or seclusion
  - » Not to be billed by network providers
  - » Have your questions and concerns answered completely and courteously
- **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 format you can understand. These rights include getting information on:
  - » Description of the services we cover
  - » How to get services
  - » How much services will cost you
  - » Names of health care providers and care managers
- **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 you can change your PCP at any time
  - » See 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 are covered
  - » Refuse treatment, even if your doctor advises against it
  - » Stop taking medicine
  - » Ask for a second opinion. CareMore Cal MediConnect Plan will pay for the cost of your second opinion visit.
  - » Create and apply an advance directive, such as a will or health care proxy.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - » Get medical care timely



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

- » 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 you communicate with your doctors and your health plan. Call 1-888-350-3447 (TTY 711) if you need help with this service
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - » Get emergency services, 24 hours a day, seven days a week, without prior approval in an emergency
  - » See 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 make complaints about your covered services or care.** This includes the right to:
  - » File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
  - » Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
  - » Ask for a state fair hearing from the State of California
  - » Get a detailed reason for why services were denied

For more information about your rights, you can read the CareMore Cal MediConnect Plan Member Handbook. If you have questions; you can also call CareMore Cal MediConnect Plan Member Services.



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## CareMore Cal MediConnect Plan: **Summary of Benefits**

### **If you have a complaint or think we should cover something we denied**

If you have a complaint or think CareMore Cal MediConnect Plan should cover something we denied, call CareMore Cal MediConnect Plan at 1-888-350-3447 (TTY 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the CareMore Cal MediConnect Plan Member Handbook. You can also call CareMore Cal MediConnect Plan Member Services.

For complaints, grievances and appeals you may also reach us by:

Phone: **1-888-350-3447**

Monday through Friday from 8 a.m. to 8 p.m. After-hours messaging is available 24 hours a day, 7 days a week including holidays. The call is free.

TTY: **711**

Fax: **1-888-426-5087**

Mail: CareMore Health Plan  
Attn: Appeals and Grievance Unit  
12900 Park Plaza Drive, Suite 150  
MS-6150  
Cerritos, CA 90703



**If you have questions**, please call CareMore Cal MediConnect Plan at **1-888-350-3447 (TTY 711)**, Monday through Friday from 8 a.m. to 8 p.m. The call is free. After-hours messaging is available 24 hours a day, 7 days a week, including holidays.

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## CareMore Cal MediConnect Plan: **Summary of Benefits**

### **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 CareMore Cal MediConnect Plan Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

You can also call:

- California Department of Health Care Services Fraud & Abuse Hotline at **1-800-822-6222**, or
- Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud & Elder Abuse at 1-800-722-0432.  
Your call is free and confidential.



**If you have questions**, please call CareMore Cal MediConnect Plan at **1-888-350-3447 (TTY 711)**, Monday through Friday from 8 a.m. to 8 p.m. The call is free. After-hours messaging is available 24 hours a day, 7 days a week, including holidays.

**For more information**, visit [duals.caremore.com](https://duals.caremore.com).

## It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help 1-888-350-3447 (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 12900 Park Plaza Drive, Suite 150, Mailstop 6150 Cerritos, CA 90703-9329. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources>

## Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service 1-888-350-3447 (TTY: 711).

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-350-3447 (TTY: 711), Monday through Friday from 8:00 a.m. to 8:00 p.m. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-350-3447 (TTY: 711), de lunes a viernes de 8:00 a.m. a 8:00 p.m. Esta llamada es gratuita. Spanish

請注意：如果您講中文，將可提供您免費的語言協助服務。請致電 1-888-350-3447 (TTY: 711)，週一至週五上午 8 點至下午 8 點。此為免費電話。 Chinese

GỬI: Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số 1-888-350-3447 (TTY: 711), thứ Hai đến thứ Sáu, từ 8 giờ sáng đến 8 giờ tối. Cuộc gọi này miễn phí Vietnamese

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-350-3447 (TTY: 711), Lunes hanggang Biyernes mula 8 a.m. hanggang 8 p.m. Libre ang tawag. Tagalog

주의: 한국어를 사용하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. 1-888-350-3447 (TTY: 771) 월요일부터 금요일까지 오전 8시에서 오후 8시 사이에 통화 가능합니다. 통화는 무료입니다. Korean

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Դուք խոսում եք հայերեն, ապա լեզվական աջակցություն ծառայություններն անվճար մատչելի են Ձեզ: Չանգահարեք՝ 1-888-350-3447 (TTY: 711), երկուշաբթիից ուրբաթ՝ 08:00-20:00: Այս զանգն անվճար է: Armenian

توجه: اگر به زبان فارسی گفتگو می‌کنید، خدمات زبانی بصورت رایگان به شما ارائه می‌شود. با شماره 1-888-350-3447 (TTY: 711) تماس بگیرید. از دوشنبه تا جمعه 8 صبح تا 8 شب. این تماس رایگان است.

Persian (Farsi)

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по тел. 1-888-350-3447 (TTY: 711) с понедельника по пятницу с 08:00 до 20:00. Звонок бесплатный.

Russian

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。月曜日から金曜日の午前8時から午後8時まで1-888-350-3447 (TTY: 711)へ、お電話にてご連絡ください。通話料は無料です。

Japanese

ملاحظة: إذا كنت تتحدث اللغة العربية، ستكون خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على الرقم 1-888-350-3447 (TTY: 711) من الإثنين إلى الجمعة من الساعة 8:00 صباحاً وحتى الساعة 8:00 مساءً. تكون المكالمات مجانية.

Arabic

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-350-3447 (TTY: 711) 'ਤੇ ਫੋਨ ਕਰੋ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤ 8 ਵਜੇ ਤੱਕ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੈ।

Punjabi

ត្រូវចងចាំ៖ បើលោកអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមហៅទូរស័ព្ទមកលេខ 1-888-350-3447 (TTY: 711) ថ្ងៃចន្ទដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹកដល់ម៉ោង 8:00 យប់។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

Cambodian

LUS CEEV: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-888-350-3447 (TTY: 711), Txij hnuv Monday txog hnuv Friday thaum 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj. Tus xov tooj no yog hu dawb xwb.

Hmong

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। सोमवार से शुक्रवार सुबह 8:00 बजे से शाम 8:00 तक, 1-888-350-3447 (TTY: 711) पर कॉल करें। यह कॉल मुफ्त है।

Hindi

โปรดทราบ: ถาคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไทยได้ฟรี โทร 1-888-350-3447 (TTY: 711), วันจันทร์ถึงวันศุกร์ เวลา 8:00 a.m. ถึง 8:00 p.m. โดยที่ไม่เสียค่าใช้จ่ายใดๆ

Thai



This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Member Handbook.

Limitations and restrictions may apply. For more information, call CareMore Cal MediConnect Plan Member Services or read the CareMore Cal MediConnect Plan Member Handbook.

Benefits may change on January 1 of each year.

You can get this information for free in other formats, such as large print, braille or audio. Call 1-888-350-3447 (TTY 711), Monday - Friday, 8 a.m. to 8 p.m. The call is free.

CareMore 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. CareMore administers the contract on behalf of an affiliate of CareMore. ®CareMore is a registered trademark of CareMore Health System.