



**CalMediConnect**  
Your choice for complete care



<NAME>  
<ADDRESS>  
<ADDRESS 2>  
<CITY, STATE><ZIP>

<barcode#>  
<XX/XX/XXXX>

Keep this notice for your records.

## Important Information About Your New Medicare - Medi-Cal Plan

<Name>:

### **Congratulations!**

**You have new health coverage through <plan>**

Medicare and Medi-Cal have approved your application to get health and prescription drug coverage.

Your new coverage begins on XX/XX/XXXX.

You will get a membership card in the mail within the next 30-45 days. Show this letter to your doctors or pharmacy until you get your card.

### **What do I need to know about my new plan?**

Starting XX/XX/XXXX, you must see a plan provider for all your health services (except for emergency services, out-of-area urgent care, or out-of-area dialysis services).

You must also use a plan pharmacy to get your medicines. This means:

- The Cal MediConnect plan will pay for your health care provided by plan doctors and other plan providers.
- Because you're new to the Cal MediConnect plan, you may be able to use your existing doctors who aren't in the plan's network for a period up to six (6) months for Medicare services and a period of up to twelve (12) months for Medi-Cal services from the date coverage begins. Your Cal MediConnect plan will work with you to verify that you have an existing relationship with the doctor and your doctor must be willing to work with your plan. Contact the plan for information about how to do this.

- Emergency care and urgent care are covered even if you're **not** seeing a plan doctor.
- Talk with your doctor or call your plan's Member Services department or visit their website. Their information can be found on your Membership Card.

## **How much do I have to pay for health services?**

You don't have to pay a plan premium, deductible or coinsurance amount when getting health services through your Cal MediConnect plan's providers.

## **How much do I have to pay for prescription drugs?**

When you pick up your prescription drugs, you'll pay a reduced copayment or \$0 copayment at the pharmacy. You'll pay no more than \$2.55 each time you receive a generic drug that's covered by your Cal MediConnect plan, and no more than \$6.35 each time you receive a brand name drug that is covered by your plan. If you are in a nursing home or getting Home and Community-Based Services, you pay \$0 for drugs.

## **Can I leave Cal MediConnect or select a new plan?**

Yes. You may leave your Cal MediConnect plan **at any time** by calling Health Care Options at 1-844-580-7272; Monday-Friday 8am-5pm. You can also call 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 choose to leave <plan name>, your coverage will end the last day of the month after you tell us you want to leave.

## **What happens to my Medicare if I leave Cal MediConnect?**

If you leave Cal MediConnect and don't join a Medicare health or prescription drug plan, you'll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug plan. To join a Medicare plan, call 1-800-MEDICARE (1-800-633-4227).

## **What happens to my Medi-Cal if I leave Cal MediConnect?**

You must have a Medi-Cal health plan in order to continue to receive your Medi-Cal services, including Long Term Services and Supports (LTSS) that help you with on-going personal care needs.

If you have not already chosen a Medi-Cal health plan, call Health Care Options at 1-844-580-7272, Monday-Friday from 8am to 5pm. TTY users should call 1-800-430-7077. If you do not choose a plan, you will be assigned to a Medi-Cal health plan.

## **How can I choose a primary care provider?**

If you have not chosen a primary care provider, please contact the Cal MediConnect plan's member services for a copy of their provider directory. The plan will help you select a primary care provider.

## **Who should I call if I have questions about my Cal MediConnect plan?**

If you have questions, call your plan's Member Services department or visit their website. Their information can be found on your Membership Card.

## **For help or more information**

If you want to talk to a health insurance counselor about these changes and your choices, call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can also visit [www.Medicare.gov](http://www.Medicare.gov).

If you need help enrolling in a Cal MediConnect or Medi-Cal plan, please call Health Care Options at 1-844-580-7272, Monday-Friday from 8am to 5pm. TTY users should call 1-800-430-7077.

If you are in a Cal MediConnect plan and need further help, call the Cal MediConnect Ombudsman at 1-855-501-3077.

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call Health Care Options at 1-844-580-7272, Monday-Friday from 8am to 5pm. TTY users should call 1-800-430-7077.