

2026



Summary of Benefits

CalOptima Health OneCare Complete (H5433-001)
(HMO D-SNP), a Medicare Medi-Cal Plan

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by CalOptima Health OneCare Complete. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CalOptima Health OneCare Complete. 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 CalOptima Health OneCare Complete at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

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A. Disclaimers



This is a summary of health services covered by CalOptima Health OneCare Complete for January 1 - December 31, 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the *Member Handbook* is available on our website at www.caloptima.org/OneCare. You may also call Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week to ask us to mail you a *Member Handbook*.

- ❖ CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan is a Medicare Advantage organization with Medicare and Medi-Cal contracts. Enrollment in CalOptima Health OneCare depends on contract renewal. CalOptima Health OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Call CalOptima Health OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week.
- ❖ The 2026 CalOptima Health OneCare Complete food and produce benefit is part of a special supplemental program for the chronically ill. Not all members qualify. To use the food and produce benefit, OneCare Complete members must have one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limit the overall health or function of the enrollee. Eligible conditions include, but are not limited to, cardiovascular disorder, diabetes mellitus, chronic heart failure, chronic lung disease or end-stage renal disease. Even if the member has a chronic condition, the member will not necessarily receive the food and produce benefit. Receiving the food and produce benefit depends on the member having a high risk of hospitalization or other adverse health outcomes and a need for intense care coordination. Transportation to the grocery store is not available to OneCare Complete members.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.



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

English

ATTENTION: If you need help in your language, call **1-877-412-2734 (TTY 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-877-412-2734 (TTY 711)**. These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-877-412-2734 (TTY 711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير اتصل بـ **1-877-412-2734 (TTY 711)**. هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-412-2734 (TTY 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-877-412-2734 (TTY 711)**: Այդ ծառայություններն անվճար են:

? If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. For more information, visit www.caloptima.org/OneCare.

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ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-412-2734 (TTY 711)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-877-412-2734 (TTY 711)** ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文 (Simplified Chinese)

请注意:如果您需要以您的母语提供帮助,请致电 **1-877-412-2734 (TTY 711)**。我们另外还提供针对残疾人士的帮助和服务,例如盲文和大字体阅读,提供您方便取用。请致电 **1-877-412-2734 (TTY 711)**。这些服务都是免费的。

繁體中文 (Traditional Chinese)

注意:如果您需要以您的語言獲得幫助,請致電 **1-877-412-2734 (TTY 711)**。為殘障人士也提供幫助和服務,例如盲文和大字體的文件。致電**1-877-412-2734 (TTY 711)**。這些服務是免費的。

(Farsi) فارسی

توجه: اگر می خواهید به زبان خود کمک دریافت کنید, با **1-877-412-2734 (TTY 711)** تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت, مانند نسخه های خط بریل و چاپ با حروف بزرگ, نیز موجود است. با **1-877-412-2734 (TTY 711)** تماس بگیرید. این خدمات رایگان ارائه می شوند.



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ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર હોય તો આ નંબર પર કોલ કરો: **1-877-412-2734** (TTY 711). વિકલાંગ લોકો માટે સહાય અને સેવાઓ, જેમ કે બ્રેઇલ અને મોટી પ્રિન્ટમાં પણ દસ્તાવેજો ઉપલબ્ધ છે. કોલ કરો: **1-877-412-2734** (TTY 711). આ સેવા વિનામૂલ્યે ઉપલબ્ધ છે.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-877-412-2734** (TTY 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-412-2734** (TTY 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-412-2734** (TTY 711). 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 **1-877-412-2734** (TTY 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1-877-412-2734** (TTY 711) 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。 **1-877-412-2734** (TTY 711) 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。



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.caloptima.org/OneCare.

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한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. 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 **1-877-412-2734 (TTY 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-877-412-2734 (TTY 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.



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Português (Portuguese)

ATENÇÃO: Se você precisar de ajuda no seu idioma, ligue para **1-877-412-2734** (TTY **711**). Serviços e auxílio para pessoas com incapacidades, como documentos em braile ou impressos com letras grandes, também estão disponíveis. Ligue para **1-877-412-2734** (TTY **711**). Esses serviços são gratuitos.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY **711**). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY **711**) ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ |

Română (Romanian)

ATENȚIE: În cazul în care aveți nevoie de ajutor în limba dvs., sunați la **1-877-412-2734** (TTY **711**). Sunt disponibile, de asemenea, ajutoare și servicii pentru persoanele cu dizabilități, precum documente în limbaj Braille și cu caractere mărite. Sunați la **1-877-412-2734** (TTY **711**). Aceste servicii sunt gratuite.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-412-2734** (линия TTY **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-412-2734** (линия TTY **711**). Такие услуги предоставляются бесплатно.



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. For more information, visit www.caloptima.org/OneCare.

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Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-877-412-2734** (TTY **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-412-2734** (TTY **711**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-412-2734** (TTY **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-412-2734** (TTY **711**). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้



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Türkçe Etiket (Turkish)

DIKKAT: Kendi dilinizde yardıma ihtiyacınız varsa **1-877-412-2734** (TTY **711**) numaralı telefonu arayın. Braille alfabesi ve büyük harflerle yazılmış belgeler gibi engellilere yönelik yardım ve hizmetler de mevcuttur. Call: **1-877-412-2734** (TTY **711**). Bu hizmetler ücretsizdir.

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-412-2734** (TTY **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-877-412-2734** (TTY **711**). Ці послуги безкоштовні.

اردو ٹیگ لائن (Urdu)

توجہ: اگر آپکو اپنی زبان میں مدد کی ضرورت ہے تو کال کریں **1-877-412-2734** (TTY **711**). معذور افراد کے لئے امداد اور خدمات، جیسے بریل اور بڑے پرنٹ میں دستاویزات، بھی دستیاب ہیں۔ کال **1-877-412-2734** (TTY **711**)۔ یہ خدمات مفت ہیں۔

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-412-2734** (TTY **711**). 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 **1-877-412-2734** (TTY **711**). Các dịch vụ này đều miễn phí.



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- ❖ This document is available for free in Spanish, Vietnamese, Farsi, Korean, Chinese, Arabic, and Russian.
- ❖ You can also make a standing request to get materials in other languages and/or alternate formats:
 - To make a standing request for materials in a threshold language or in an alternative format, call Customer Service at the number at the bottom of the page or by accessing our secure online member portal at **<https://member.caloptima.org/#/user/login>**,
 - Your standing request will be kept in our system for all future mailings and communications
 - To cancel or make a change to your standing request please call Customer Service at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free.




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B. Frequently asked questions (FAQ)


The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<p>What's a Medi-Medi Plan?</p>	<p>A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has personal care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.</p>
<p>Will I get the same Medicare and Medi-Cal benefits in CalOptima Health OneCare Complete that I get now?</p>	<p>You'll get most of your covered Medicare and Medi-Cal benefits directly from CalOptima Health OneCare Complete. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in CalOptima Health OneCare Complete, 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>If you're taking any Medicare Part D drugs that CalOptima Health OneCare Complete doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for CalOptima Health OneCare Complete to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.</p>

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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Frequently Asked Questions	Answers
<p>Can I use the same doctors I use now? (continued on the next page)</p>	<p>Often that’s the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with CalOptima Health OneCare Complete and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> ● Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in CalOptima Health OneCare Complete’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. ● If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CalOptima Health OneCare Complete’s plan. ● If you’re currently under treatment with a provider that’s out of CalOptima Health OneCare Complete’s network, or have an established relationship with a provider that’s out of CalOptima Health OneCare Complete’s network, call Customer Service to check about staying connected and ask for continuity of care. You can keep your current providers and service authorizations at the time you enroll for up to 12 months if all of the following conditions are met: <ul style="list-style-type: none"> ○ You, your representative, or your provider asks us to let you keep using your current provider. ○ We establish that you had an existing relationship with a primary or specialty care provider, with some exceptions. When we say “existing relationship,” it means that you saw an out-of-network provider at least once for a non-emergency visit during the 12 months before the date of your initial enrollment in our plan. ○ We determine an existing relationship by reviewing your available health information or information you give us.

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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Frequently Asked Questions	Answers
Can I go to the same doctors I use now? (continued from previous page)	<ul style="list-style-type: none"> ○ We have 30 days to respond to your request. You can ask us to make a faster decision, and we must respond within 15 days. You can make this request by calling 1-877-412-2734 (TTY 711) 24 hours a day, 7 days a week. If you are at risk of harm, we must respond within 3 days. ○ You or your provider must show documentation of an existing relationship and agree to certain terms when you make the request. <p>To find out if your doctors are in the plan's network, call Customer Service at the numbers listed at the bottom of this page or read CalOptima Health OneCare Complete's <i>Provider and Pharmacy Directory</i> on the plan's website at www.caloptima.org/OneCare.</p> <p>If CalOptima Health OneCare Complete is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.</p>
What's a CalOptima Health OneCare Complete personal care coordinator?	A CalOptima Health OneCare Complete personal care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your personal care coordinator or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Frequently Asked Questions	Answers
What happens if I need a service but no one in CalOptima Health OneCare Complete’s network can provide it?	Most services will be provided by our network providers. If you need a service that can’t be provided within our network, CalOptima Health OneCare Complete will pay for the cost of an out-of-network provider.
Where’s CalOptima Health OneCare Complete available?	The service area for this plan includes: Orange County, California. You must live in this area to join the plan.
What’s prior authorization?	<p>Prior authorization means an approval from CalOptima Health OneCare Complete to seek services outside of our network or to get services not routinely covered by our network before you get the services. CalOptima Health OneCare Complete may not cover the service, procedure, item, or drug if you don’t get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get prior authorization first. CalOptima Health OneCare Complete can provide you or your provider with a list of services or procedures that require you to get prior authorization from CalOptima Health OneCare Complete before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.</p>
What’s a referral?	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that’s not your PCP. A referral is different than a prior authorization. If you don’t get a referral from your PCP, CalOptima Health OneCare Complete may not cover the services. CalOptima Health OneCare Complete can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you’ll need to get a referral from your PCP.</p>



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under CalOptima Health OneCare Complete?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of CalOptima Health OneCare Complete?	No. You don't pay deductibles in CalOptima Health OneCare Complete.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of CalOptima Health OneCare Complete?	There's no cost sharing for medical services in CalOptima Health OneCare Complete, so your annual out-of-pocket costs will be \$0.




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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	Doctor or surgeon care	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	Outpatient hospital services, including observation	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	Ambulatory surgical center (ASC) services	\$0	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	Authorization rules may apply.
	Specialist care	\$0	Contact plan for details.
	Wellness visits, such as a physical	\$0	<p>Our plan covers one physical exam per year as a full assessment of your health, including laboratory services, as needed.</p> <p>Our plan covers an annual wellness visit to make or update your care plan to help prevent illness. We pay for this once every 12 months.</p>
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	"Welcome to Medicare" (preventive visit, one time only)	\$0	



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>Emergency room services are covered out-of-network and without prior authorization.</p> <p><u>Supplemental</u></p> <p>You pay for your emergency and urgent care outside of the U.S., and we will reimburse you up to \$100,000 per year.</p> <p>Contact plan for details.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>Urgent care services are covered out-of-network and without prior authorization.</p> <p><u>Supplemental</u></p> <p>You pay for your emergency and urgent care outside of the U.S., and we will reimburse you up to \$100,000 per year.</p> <p>Contact plan for details.</p>
<p>You need medical tests</p>	<p>Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>
	<p>Lab tests and diagnostic procedures, such as blood work</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p>



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. Hearing screenings include exam to diagnose and treat hearing and balance issues.
	Hearing aids	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details. \$500 of hearing hardware allowance to be covered by OneCare prior to the Medi-Cal allowance of \$1,510.



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need dental care (continued on the next page)</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>Starting July 1, 2026: Medi-Cal covers dental check-ups and preventive care for:</p> <ul style="list-style-type: none"> ● Members who are eligible for federal full-scope Medi-Cal ● Members who are not eligible for federal full-scope Medi-Cal and meet at least one of the three exceptions below: <ul style="list-style-type: none"> ○ Under age 19; ○ Designated by the county as pregnant (and up to one year after pregnancy ends); and/or ○ Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday. <p>More information about Medi-Cal dental benefits and providers is on the SmileCalifornia.org website.</p>



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need dental care (continued from previous page)</p>	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>Starting July 1, 2026: Medi-Cal covers dental check-ups and preventive care for:</p> <ul style="list-style-type: none"> ● Members who are eligible for federal full-scope Medi-Cal ● Members who are not eligible for federal full-scope Medi-Cal and meet at least one of the three exceptions below: <ul style="list-style-type: none"> ○ Under age 19; ○ Designated by the county as pregnant (and up to one year after pregnancy ends); and/or ○ Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday. <p>For adults aged 19 and older who do not qualify for federal full-scope Medi-Cal, emergency dental services will continue to be covered.</p> <p>More information about Medi-Cal dental benefits and providers is on the SmileCalifornia.org website.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	<p><u>Medically Necessary</u> Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</p> <p><u>Supplemental</u> Routine eye exam (up to 1 every year).</p>
	Glasses or contact lenses	\$0	<p><u>Medically Necessary</u> One (1) pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery</p> <p><u>Supplemental</u> Up to \$500 for eyeglasses (lenses and frames), contact lenses, and repairs every two years.</p>
	Other vision care	\$0	



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services (continued on the next page)</p>	<p>Mental health services</p>	<p>\$0</p>	<p>Authorization rules may apply. Contact plan for details.</p> <p>Outpatient mental or behavioral health services include, but not limited to the following:</p> <ul style="list-style-type: none"> • Individual and group mental health evaluation and treatment • Intensive Outpatient Program (IOP) services • Partial Hospitalization Program (PHP) services • Psychological testing to evaluate a mental health condition • Electroconvulsive Therapy (ECT) • Transcranial Magnetic Stimulation (TMS) • Inpatient mental health services <p>For questions about behavioral health call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711), 24 hours a day, 7 days a week.</p> <p>Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641 24 hours a day, 7 days a week.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services (continued from previous page)</p>	<p>Inpatient and outpatient care and community-based services for people who need mental health services</p>	<p>\$0</p>	<p>For questions about behavioral health call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711), 24 hours a day, 7 days a week.</p> <p>Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641, 24 hours a day, 7 days a week.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	Substance abuse services include: <ul style="list-style-type: none"> • Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT) • Opioid Treatment Program (OTP) services For questions about behavioral health and substance abuse services call the CalOptima Health Behavioral Health Line at 1-855-877-3885 (TTY 711) , 24 hours a day, 7 days a week. Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Orange County Mental Health Plan Access Line at 1-800-723-8641, 24 hours a day, 7 days a week.
You need a place to live with people available to help you	Skilled nursing care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Nursing home care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.

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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued on the next page)	Ambulance services	\$0	
	Emergency transportation	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued from the previous page and on the next page)</p>	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>Depending on your situation, you may qualify for either non-emergency medical transportation or for non-medical transportation. These transportation services are not for emergencies and are available at no cost to you.</p> <p><u>Non-Emergency Medical Transportation</u> (Authorization rules may apply. Contact plan for details.)</p> <p>You are entitled to non-emergency medical transportation if you have medical needs that don't allow you to use a car, bus, or taxi to your appointments. Non-emergency medical transportation can be provided by ambulance, litter van, wheelchair van, or air transport for your medical needs when you need a ride to your appointment. If you need non-emergency medical transportation, you can talk to your PCP and ask for it. Your PCP will decide the best type of transportation to meet your needs.</p> <p>Prior scheduling rules may apply. To schedule non-emergency medical transportation for services that have been authorized, call CalOptima Health OneCare Complete transportation line at 1-866-612-1256 (TTY 711).</p>



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued from the previous page)</p>	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p><u>Non-Medical Transportation</u></p> <p>Unlimited transportation to plan-approved locations for medically necessary covered services. You can get non-medical transportation to and from your appointments for a service authorized by your provider. You can get a ride, at no cost to you, when you:</p> <ul style="list-style-type: none"> • Travel to and from an appointment for a service authorized by your provider, or • Pick up prescriptions and medical supplies <p>Coverage also includes unlimited trips to and from the gym as the health club membership is offered as a supplemental benefit under this plan. Gym trips are limited to a 10-mile radius.</p> <p>Rides must be arranged by the plan. Schedule your transportation at least two (2) business days in advance by calling CalOptima Health OneCare transportation line at 1-866-612-1256 (TTY 711).</p>



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>
	<p>Medicare Part D drugs Tier 1: Generic Tier 2: Brand</p>	<p>You pay \$0, \$4.90, or \$12.65 for a 30-day supply. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to CalOptima Health OneCare Complete's <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. Tier 1 drugs include generic drugs. The copay is \$0. Tier 2 drugs include brand drugs. The copay is \$0, \$4.90, or \$12.65.</p>



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from the previous page)	Medicare Part D prescription drugs Tier 1: Generic Tier 2: Brand	You pay \$0, \$4.90, or \$12.65 for a 30-day supply. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	You can get a long-term supply (also called “extended supply”) of maintenance drugs on our plan’s <i>Drug List</i> . Maintenance drugs are drugs you take on a regular basis, for a chronic or long-term medical condition. A long-term supply is a 100-day supply. It costs you the same as a one-month supply. You can use our plan’s network retail pharmacy locations or mail-order services to get a long-term supply of maintenance drugs.
You need help getting better or have special health needs	Rehabilitation services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Medical equipment for home care	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Dialysis services	\$0	Referral requirements may apply. Contact plan for details.
You need foot care	Podiatry services	\$0	Contact plan for details.
	Orthotic services	\$0	Authorization rules may apply. Contact plan for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the <i>Member Handbook</i>.</p>	Wheelchairs, crutches, and walkers	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.
<p>You need help living at home (continued on the next page)</p>	Home health services	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>For information, contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000.</p> <p>If you need help or would like to find out which Community Supports may be available for you, call 1-877-412-2734 (TTY 711) or call your health care provider.</p>



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued from the previous page)</p>	<p>Adult day health, Community Based Adult Services (CBAS), or other support services</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>For information on how to qualify for CBAS, call CalOptima Health OneCare Complete Customer Service at 1-877-412-2734 (TTY 711), 24 hours a day, 7 days a week.</p>
	<p>Day habilitation services</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>If you need help or would like to find out which Community Supports may be available for you, call 1-877-412-2734 (TTY 711) or call your health care provider.</p>
	<p>Services to help you live on your own (home health care services or personal care attendant services)</p>	<p>\$0</p>	<p>Authorization rules may apply. Referral requirements may apply. Contact plan for details.</p> <p>For information, contact the County of Orange Social Services Agency In-Home Supportive Services (IHSS) at 1-714-825-3000.</p>



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Chiropractic Services	\$0	Adjustments of the spine to correct alignment.
	Comprehensive & Restorative Dental Includes: Limited oral evaluation, restorative services, prosthodontics, and adjunctive general dental services.. What we do not cover is available through Medi-Cal Dental.	\$0	Authorization rules may apply.
	Diabetes supplies and services	\$0	Authorization rules may apply. Contact plan for details.
	Enhanced Drug Benefit	\$0	Erectile dysfunction drug treatment covers 6 tablets per month (generic).



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>Additional services (continued from the previous page and on the next page)</p>	<p>Flex Card: Over-the-Counter Items and Food and Produce allowance (See Disclaimer on Page 2)</p>	<p>\$0</p>	<p>\$167 flex card spending limit per quarter to purchase products that do not require a prescription such as cold and cough preparations. Any remaining balance does not carry over to the next quarter.</p> <p>Some members with certain chronic health conditions may qualify to use the \$167 flex card allowance per quarter to purchase food and produce in addition to over-the-counter items (See Disclaimer on Page 2). Any remaining balance does not carry over to the next quarter.</p> <ul style="list-style-type: none"> • Food and produce and over-the-counter items may be purchased at participating retailers. You will also receive a mail-order catalog with ordering instructions and details about the items you can purchase with your allowance.



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>Additional services (continued from the previous page and on the next page)</p>	<p>Health and wellness education programs</p>	<p>\$0</p>	<p>We offer many programs that focus on certain health conditions. These include:</p> <ul style="list-style-type: none"> • Health Education classes; • Nutrition Education classes; • Smoking and Tobacco Use Cessation; and • Nursing Hotline <p>You have the following options available at no cost to you:</p> <ul style="list-style-type: none"> • Membership at participating fitness centers or YMCAs that take part in the program. Many participating fitness centers may also offer low-impact classes focused on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination • Well-Being Club for exclusive articles and videos and live virtual classes and events • A variety of on-demand videos through the website • You are eligible to receive one home fitness kit per benefit year from a variety of fitness categories



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page and on the next page)	Health and wellness education programs	\$0	<ul style="list-style-type: none"> • Well-Being Coaching sessions by phone, video, or chat with a trained coach where you can discuss topics like fitness, healthy eating, stress, sleep, and losing weight while taking GLP-1 or anti-obesity medicines • Activity Tracker Tool • Online quarterly newsletter
	In-Home Support Services – Companion Care	\$0	Members are eligible for up to ninety (90) hours of services per year. A referral is required, and members must use CalOptima Health’s contracted vendor.
	Prosthetic services	\$0	<ul style="list-style-type: none"> • Prosthetic devices • Related medical supplies Authorization rules may apply. Contact plan for details.
	Radiation therapy	\$0	Authorization rules may apply. Contact plan for details.
	Services to help manage your disease	\$0	Authorization rules may apply. Referral requirements may apply. Contact plan for details.




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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from the previous page)	California Integrated Care Management (CICM)	\$0	The Department of Health Care Services (DHCS) has identified specific populations who are eligible for California Integrated Care Management (CICM). <ul style="list-style-type: none"> ● Adults Experiencing Homelessness ● Adults At Risk for Avoidable Hospital or Emergency Department Utilization ● Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs ● Adults Transitioning from Incarceration ● Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization ● Adult Nursing Facility Residents Transitioning to the Community ● Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities as defined by California public health data on maternal morbidity and mortality (Birth Equity) ● Adults with Documented Dementia Needs CICM is a level of case management that members must agree to participate in. Call OneCare Complete Customer Service at 1-877-412-2734 (TTY 711) , 24 hours a day, 7 days a week for enrollment information

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the CalOptima Health OneCare Complete *Member Handbook*. If you don't have a *Member Handbook*, call CalOptima Health OneCare Complete Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit www.caloptima.org/OneCare.


 **If you have questions**, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

D. Benefits covered outside of CalOptima Health OneCare Complete

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

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Acupuncture</p> <p>We pay for up to two outpatient acupuncture services in any one calendar month, or more often if they are medically necessary.</p> <p>We also pay for up to 12 acupuncture visits in 90 days if you have chronic low back pain, defined as:</p> <ul style="list-style-type: none"> • lasting 12 weeks or longer; • not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease); • not associated with surgery; and • not associated with pregnancy. <p>In addition, we pay for an additional eight sessions of acupuncture for chronic low back pain if you show improvement. You may not get more than 20 acupuncture treatments for chronic low back pain each year.</p> <p>Acupuncture treatments must be stopped if you don't get better or if you get worse.</p>	<p>\$0</p>
Assisted Living Waiver	<p>For cost information, go to https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx.</p>

 **If you have questions**, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits


Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Certain dental services</p> <p>Dental Managed Care (Dental MC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation.</p> <p>For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org or sonriecalifornia.org.</p>	<p>\$0</p>
<p>California Community Transitions (CCT)</p>	<p>You can get transition coordination services from any CCT Lead Organization that serves the county you live in. You can find a list of CCT Lead Organizations and the counties they serve on the Department of Health Care Services website at: www.dhcs.ca.gov/services/ltc/Pages/CCT.</p>
<p>Certain hospice care services covered outside of CalOptima Health OneCare Complete</p>	<p>\$0</p> <p>Refer to the <i>Member Handbook</i>, Chapter 4, Section D for more information about what we pay for while you are getting hospice care services.</p>
<p>Multipurpose Senior Services Program (MSSP)</p>	<p>For information go to https://www.caloptima.org/en/health-insurance-plans/medi-cal/benefits-and-services/other-caloptima-health-medi-cal-programs.</p>



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Psychosocial rehabilitation	\$0
Regional Center Services	For cost information, contact Regional Center of Orange County at 1-714-796-5100.
Targeted case management	


 **If you have questions**, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

E. Services that CalOptima Health OneCare Complete, Medicare, and Medi-Cal don't cover

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

Services CalOptima Health OneCare Complete, Medicare, and Medi-Cal don't cover	
A private room in a hospital, except when medically necessary.	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	
Drugs received outside the United States and its territories.	
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.	
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to Chapter 3 of your <i>Member Handbook</i> for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.	

 **If you have questions**, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

Services CalOptima Health OneCare Complete, Medicare, and Medi-Cal don't cover	
Fees charged by your immediate relatives or members of your household.	
Full-time nursing care in your home.	
Naturopath services (the use of natural or alternative treatments).	
Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.	
Paramedic Services.	Paramedic Services are emergency medical treatments given at the scene by a paramedic. Call your city hall for information on coverage.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

F. Your rights as a member of the plan

As a member of CalOptima Health OneCare Complete, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. CalOptima Health OneCare Complete will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Appeal certain decisions made by us or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call CalOptima Health OneCare Complete Customer Service at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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

If you have a complaint or think CalOptima Health OneCare Complete improperly denied, delayed, or modified a service, call Customer Service at the numbers listed at the bottom of this page. You may also submit a complaint in writing to:

CalOptima Health OneCare Complete
505 City Parkway Drive
Orange, CA 92868

You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call CalOptima Health OneCare Complete Customer Service at the numbers listed at the bottom of this page.

You can ask for help from any of the following:

- Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.
- Your doctor or other provider. Your doctor or other provider can ask for a coverage decision or appeal on your behalf.
- A friend or family member. You can name another person to act for you as your “representative” and ask for a coverage decision or make an appeal.
- A lawyer. You have the right to a lawyer, but you are not required to have a lawyer to ask for a coverage decision or make an appeal.
 - Call your own lawyer or get the name of a lawyer from the local bar association or other referral service. Some legal groups will give you free legal services if you qualify.
 - Ask for a legal aid attorney from the Health Consumer Alliance at 1-888-804-3536.



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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

H. What to do if you suspect fraud

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

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

- Call us at CalOptima Health OneCare Complete Compliance and Ethics Hotline. The phone numbers are 1-855-507-1805 (711).
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call CalOptima Health OneCare Complete Customer Service:

1-877-412-2734

Calls to this number are free. 24 hours a day, 7 days a week.

Customer Service also has free language interpreter services available for non-English speakers.

711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 24 hours a day, 7 days a week.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call CalOptima Health's Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the CalOptima Health's Nurse Advice Line are:

1-844-447-8441

Calls to this number are free. 24 hours a day, 7 days a week.

CalOptima Health OneCare Complete also has free language interpreter services available for non-English speakers.

1-844-514-3774

Calls to this number are free. 24 hours a day, 7 days a week.



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan 2026 Summary of Benefits

If you need immediate behavioral health care, please call the CalOptima Health Behavioral Health Crisis Line:

1-855-877-3885

Calls to this number are free. 24 hours a day, 7 days a week.

CalOptima Health OneCare Complete also has free language interpreter services available for non-English speakers.

711

Calls to this number are free. 24 hours a day, 7 days a week.



If you have questions, please call CalOptima Health OneCare Complete at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/OneCare.



CalOptima Health, A Public Agency
505 City Parkway West, Orange, CA 92868

caloptima.org/OneCare

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call CalOptima Health OneCare Complete Customer Service:

1-877-412-2734	Calls to this number are free. 24 hours a day, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.
TTY 711	Calls to this number are free. 24 hours a day, 7 days a week.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call CalOptima Health's Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the CalOptima Health Nurse Advice Line are:
1-844-447-8441
Calls to this number are free. 24 hours a day, 7 days a week. CalOptima Health OneCare Complete also has free language interpreter services available for non-English speakers.

TTY 1-844-514-3774
Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-855-877-3885	Calls to this number are free. 24 hours a day, 7 days a week. CalOptima Health OneCare Complete also has free language interpreter services available for non-English speakers.
TTY 711	Calls to this number are free. 24 hours a day, 7 days a week.