

2025



Annual Notice of Change

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 offered by CalOptima Health

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.caloptima.org/OneCare. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish, Vietnamese, Farsi, Korean, Chinese, and Arabic.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, data CD, or audio. Call Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. This call is free.
- You can also make a standing request to get materials in other languages and/or alternate formats.
 - Other documents are available in English, Spanish, Vietnamese, Farsi, Korean, Chinese or Arabic.
 - Alternate formats are available in large print, braille, data CD or audio.
 - 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.



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.

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

Notice of Availability

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.

Arabic

تنبيه: إذا كنت بحاجة إلى مساعدة في لغتك، اتصل بالرقم **1-877-412-2734 (TTY 711)** تتوفر أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والطباعة الكبيرة. اتصل بالرقم **1-877-412-2734 (TTY 711)** هذه الخدمات مجانية.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-877-412-2734 (TTY' 711)** հեռախոսահամարով: Հաշմանդամ մարդկանց տրամադրվող աջակցությունները և ծառայությունները, ինչպիսիք են բրայլյան այբուբենով և խոշոր տպագիր փաստաթղթերը, նույնպես հասանելի են: Զանգահարեք **1-877-412-2734 (TTY' 711)** հեռախոսահամարով: Այս ծառայություններն անվճար են:

Chinese Simplified

注意: 如果您需要以您的语言获得帮助, 请致电 **1-877-412-2734 (TTY 711)**。也为残障人士提供帮助和服务, 例如盲文和大字体的文件。请致电 **1-877-412-2734 (TTY 711)**。这些服务是免费的。



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.

Chinese Traditional

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)。也為殘障人士提供幫助和服務, 例如盲文和大字體的文件。請致電 **1-877-412-2734** (TTY 711)。這些服務是免費的。

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਇੱਥੇ ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY 711)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY 711)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Hindi

ध्यान दें: अगर आपको हिन्दी भाषा में सहायता चाहिए, तो **1-877-412-2734** (TTY 711) पर कॉल करें। विकलांगता वाले लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। **1-877-412-2734** (TTY 711) पर कॉल करें। ये सेवाएं मुफ़्त हैं।

Hmong

CEEB TOOM: Yog tias koj xav tau kev pab ua yog lus Hmong, hu rau **1-877-412-2734** (TTY 711). Cov kev pab thiab kev pabcuam rau cov neeg tsis taus, zoo li cov ntaub ntawv nyob rau hauv daim ntawv Braille thiab luam ntawv loj, kuj muaj. Hu rau **1-877-412-2734** (TTY 711). Cov kev pab cuam no pub dawb.

Japanese

注: お客様の言語でのお手伝いが必要な場合は、**1-877-412-2734** (TTY 711) までお電話ください。障害をお持ちの方のために、点字や大きな文字での文書など支援とサービスをご用意しています。**1-877-412-2734** (TTY 711) までお電話ください。これらのサービスは無料でご利用いただけます。



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.

Korean

주의: 귀하의 언어로 도움이 필요하시면 번호 **1-877-412-2734 (TTY 711)** 번으로 전화하십시오. 점자 및 큰 글자 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 번호 **1-877-412-2734 (TTY 711)** 번으로 전화하십시오. 이 서비스는 무료입니다.

Laotian

ການເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາລາວ, ໂທຫາ **1-877-412-2734 (TTY 711)**. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບ ຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ເປັນຕົວພິມໃຫຍ່, ແມ່ນ ຍັງມີຢູ່. ໂທຫາ **1-877-412-2734 (TTY 711)**. ການບໍລິການແມ່ນບໍ່ເສຍຄ່າ.

Mien

CAU FIM JANGX LONGX: Se gorngv meih qiemy longc mienh tengx faan benx meih nyei waac, douc waac lorz taux **1-877-412-2734 (TTY 711)**. Ninh mbuo mbenc duqv maaih jaa-dorngx aengx caux gong-bou jau-louc tengx ziux goux waaic fangx mienh, dorh sou zoux benx braille, nqaapv bieqc domh zei-linh. Douc waac lorz taux **1-877-412-2734 (TTY 711)**. Naaiv deix gong-bou jau-louc benx wangv-henh tengx hnangv oc.

Mon-Khmer, Cambodian

ប្រុងស្មារតី៖ បើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ ទូរស័ព្ទទៅ លេខ **1-877-412-2734 (TTY 711)**។ ជំនួយ និងសេវាសម្រាប់មនុស្សដែលពិការ ដូចជាឯកសារនៅក្នុង អក្សរប្រើព្រាញ និង អក្សរពុម្ពធំៗ ក៏មានផងដែរ។ ទូរស័ព្ទទៅ លេខ **1-877-412-2734 (TTY 711)**។ សេវាទាំងនេះមិនគិតថ្លៃទេ។



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.

Persian (Farsi)

توجه: اگر به زبان خود نیاز به کمک دارید، با شماره **1-877-412-2734** (TTY 711) تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت، مانند مطالب با خط بریل و چاپ بزرگ نیز در دسترس است. شماره تماس **1-877-412-2734** (TTY 711). این خدمات رایگان هستند.

Russian

ВНИМАНИЕ. Если вы хотите получить поддержку на своем языке, звоните по тел. **1-877-412-2734** (TTY 711). Также доступны вспомогательные устройства и услуги для людей с ограниченными возможностями, например, документы, напечатанные шрифтом Брайля или крупным шрифтом. Обращайтесь по тел. **1-877-412-2734** (TTY 711). Услуги предоставляются бесплатно.

Spanish

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1-877-412-2734** (TTY 711). También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille y letra grande. Llame al **1-877-412-2734** (TTY 711). Estos servicios son gratuitos.

Tagalog

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



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.

Thai

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ ให้โทรศัพท์ไปที่ **1-877-412-2734 (TTY 711)** การให้ความช่วยเหลือและบริการต่าง ๆ สำหรับผู้พิการ เช่น เอกสารในภาษาเบรลล์และเอกสารที่มีตัวพิมพ์ขนาดใหญ่ ยังมีให้บริการ โทรศัพท์ **1-877-412-2734 (TTY 711)** บริการเหล่านี้ไม่มีค่าใช้จ่าย

Ukrainian

УВАГА! Якщо вам потрібна допомога вашою мовою, зателефонуйте на номер **1-877-412-2734 (телетайп 711)**. Доступні допоміжні засоби й послуги для людей з обмеженими можливостями, зокрема документація, надрукована шрифтом Брайля, а також із великим розміром тексту. Телефонуйте на номер **1-877-412-2734 (телетайп 711)**. Ці послуги надаються безкоштовно.

Vietnamese

XIN LƯU Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, xin gọi số **1-877-412-2734 (TTY 711)**. Chúng tôi cũng trợ giúp và cung cấp dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ in khổ lớn. Xin gọi số **1-877-412-2734 (TTY 711)**. Những dịch vụ này đều miễn phí.

Gujarati

ધ્યાન આપો: જો આપ ગુજરાતીમાં સહાયતા ઈચ્છો છો તો, કોલ કરો **1-877-412-2734 (TTY 711)**. વિકલાંગ વ્યક્તિઓ માટે મદદ અને સેવા, જેમ કે બ્રેઈલમાં દસ્તાવેજો અને મોટા અક્ષરની પ્રિન્ટ, પણ ઉપલબ્ધ છે. કોલ કરો **1-877-412-2734 (TTY 711)**. આ સેવાઓ મફત છે.



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.

Portuguese

ATENÇÃO: Se você precisa de ajuda no seu idioma, ligue para **1-877-412-2734 (TTY 711)**. Estão disponíveis também auxílio e serviços (documentos em braile ou impressão grande) para pessoas com deficiências. Ligue para **1-877-412-2734 (TTY 711)**. Todos esses serviços são gratuitos.

Romanian

ATENȚIE: Dacă aveți nevoie de ajutor în limba dumneavoastră, sunați la **1-877-412-2734 (TTY 711)**. Pentru persoanele cu dizabilități sunt disponibile diferite facilități și servicii, precum documente în Braille și în format mare. Sunați la **1-877-412-2734 (TTY 711)**. Aceste servicii sunt gratuite.

Turkish

DİKKAT: Kendi dilinizde yardım almak için **1-877-412-2734 (TTY 711)** numaralı telefonu arayabilirsiniz. Engelli bireyler için Braille alfabesi ve büyük punto ile yazılmış belgeler gibi yardım ve hizmetlerimiz bulunmaktadır. **1-877-412-2734 (TTY 711)** numaralı telefonu arayabilirsiniz. Bu hizmetler ücretsizdir.

Urdu

توجہ: اگر آپ کو اردو میں مدد چاہیے تو، **1-877-412-2734 (TTY 711)**۔ معذور افراد کے لیے امداد اور خدمات، جیسے بریل اور بڑے پرنٹ میں دستاویزات، بھی دستیاب ہیں۔ **1-877-412-2734 (TTY 711)** پر کال کریں۔ یہ خدمات مفت ہیں۔



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
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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.

CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan ANNUAL NOTICE OF CHANGES FOR 2025

A. Disclaimers

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. Visit us at **www.caloptima.org/OneCare**.

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 CalOptima Health OneCare Complete *Member Handbook*.

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

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

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

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

- Medicare options in the table in **Section F2** on page 20.
- Medi-Cal options and services in **Section F2** on page 24.

B1. Information about CalOptima Health OneCare Complete

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



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
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B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with CalOptima Health OneCare Complete:	If you decide to change plans:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in CalOptima Health OneCare Complete.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.



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
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C. Changes to our plan name

On January 1, 2025, our plan name changes from OneCare (HMO D-SNP), a Medicare Medi-Cal Plan to CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan.

We will mail you a new CalOptima Health OneCare Complete ID card prior to January 1st. You will see the new plan name reflected on future communications where the plan name is referenced. If you have questions about this change, call Customer Service at **1-877-412-2734** (TTY **711**).

D. Changes to our network providers and pharmacies

Our provider and pharmacy network has changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **www.caloptima.org/OneCare**. You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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



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
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E. Changes to benefits for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Comprehensive Dental	Comprehensive Dental is not covered	<p>Comprehensive & Restorative Dental is covered.</p> <p>Includes:</p> <p>Limited oral evaluation, Diagnostic x-rays, periodontic services, endodontic services, prosthodontics, oral and maxillofacial surgery and other general dental services.</p> <p>What we do not cover is available through Medi-Cal Dental.</p> <p>Authorization rules may apply. Talk to your provider and get a referral.</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.

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	2024 (this year)	2025 (next year)
Non-Medical Transportation	<p>Unlimited transportation to plan approved locations for medically necessary covered services.</p> <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.</p> <p>Trips to the gym may be made by passenger car, taxi, or other forms of public/private transportation.</p>	<p>Unlimited transportation to plan approved locations for medically necessary covered services.</p> <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, as well as 100 one-way trips to grocery stores. Gym and grocery store trips are limited to a 10-mile radius.</p> <p>Trips to the gym and grocery stores will be provided through bus passes, OC Access vouchers, and taxi only. Reimbursements for private, passenger car trips will not be available.</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.

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	2024 (this year)	2025 (next year)
Flex Card: Over the Counter (OTC) and grocery allowance	\$100 allowance for spending limit per quarter to order products that do not require a prescription such as cold and cough preparations. Items will be shipped directly to your home and any remaining balance does not carry over to the next quarter.	\$135 flex card allowance for spending limit per quarter to purchase groceries and over-the-counter items that do not require a prescription such as cold and cough preparations. Purchases may be made at participating retailers. Over-the-counter items may also be purchased via catalog ordering and will be shipped directly to your home. Any remaining balance does not carry over to the next quarter.
Vision Care	One routine eye exam every year and up to \$250 for eyeglasses (frames and lenses) or contact lenses every year.	One routine eye exam every year and up to \$300 for eyeglasses (frames and lenses) or contact lenses every year.
Observation Services	Prior authorization rules may apply.	Does not require prior authorization.
Podiatry Services	Does not require prior authorization.	Prior authorization rules may apply.
Individual Sessions for Psychiatric Services	Does not require prior authorization.	Prior authorization rules may apply for Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), Psychological Testing.



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E2. Changes to prescription drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at www.caloptima.org/OneCare. You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs.

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

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

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page or contact your personal care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.



If you 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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Formulary exceptions are granted for the calendar year and expire on December 31. If you have a current formulary exception, you may need to request a new exception next year. To find out if you need to request a new exception, please call Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately move it to a different cost-sharing tier or add new rules or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Customer Service at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.



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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Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

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

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2025. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$2,000**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

Beginning in 2025, under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program do not count toward out-of-pocket costs.



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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E3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

For information about the costs for a long-term supply (100-day supply) look in **Chapter 6, Section D** of your *Member Handbook*.

We moved some of the drugs on our Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our Drug List. Most adult Part D vaccines are covered at no cost to you.

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

	2024 (this year)	2025 (next year)
<p>Drugs in Tier 1 <i>(generic drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription for both generic and brand name drugs.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 <i>(brand name drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Brand name drugs are covered in Tier 1. Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for prescription drugs.



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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E4. Stage 2: “Catastrophic Coverage Stage”

Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

When you reach the out-of-pocket limit **\$2,000** for your prescription drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

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



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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F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you can end your membership in our plan any month of the year.

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

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

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

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

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.



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
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1. You can change to:

A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.

Note: The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.

Here is what to do:

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

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

OR

Enroll in a new Medi-Medi Plan.

You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.



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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<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>
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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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3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

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

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

Here is what to do:

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

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan will not change unless you request a change.



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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<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-735-2929. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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Your Medi-Cal services

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



If you have questions, please call 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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G. Getting help

G1. Our plan

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

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. 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 the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2025.

Our website

You can visit our website at www.caloptima.org/OneCare. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

G2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222 (TTY 1-800-735-2929). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.



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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G3. Ombuds Program

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

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

G4. Medicare

To get information directly from 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.

Medicare's Website

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

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

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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

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. Visit us at www.caloptima.org/OneCare.

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