

2026



# 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 Change for 2026*

### Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* 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](http://www.caloptima.org/OneCare). Call Customer Service at the number at the bottom of the page to get a copy by mail. 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, Arabic, and Russian.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, 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:
  - 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.



**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](http://www.caloptima.org/OneCare).

## 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.

### (Arabic) العربية

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:

### ខ្មែរ (Cambodian)

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



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](http://www.caloptima.org/OneCare).

## **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 می‌خواهید به زبان خود کمک دریافت کنید, با **1-877-412-2734 (TTY 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت, مانند نسخه‌های خط بریل و چاپ با حروف بزرگ, نیز موجود است. با **1-877-412-2734 (TTY 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## **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।



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](http://www.caloptima.org/OneCare).

## **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。

## **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 ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-877-412-2734** (TTY **711**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.



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](http://www.caloptima.org/OneCare).



## **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.

## **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)**. ਅਪਾਹਜ 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.



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](http://www.caloptima.org/OneCare).

## 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.

## 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 กรุณา โทรศัพทไปที่หมายเลข **1-877-412-2734** (TTY **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพทไปที่หมายเลข **1-877-412-2734** (TTY **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้



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](http://www.caloptima.org/OneCare).

## 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.

## (Urdu) اردو ٹیگ لائن

توجہ: اگر آپ کو 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.



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](http://www.caloptima.org/OneCare).



**CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan  
ANNUAL NOTICE OF CHANGE FOR 2026**

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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](http://www.caloptima.org/OneCare).

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

## ANNUAL NOTICE OF CHANGE FOR 2026

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### 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](http://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*.

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.

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

It's 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 D** for more information on changes to your benefits for next year.

**New members to CalOptima Health OneCare Complete:** In most instances, you'll be enrolled in CalOptima Health OneCare Complete for your Medicare benefits on the 1st day of the month after you request to be enrolled in CalOptima Health OneCare Complete. You may still receive your Medi-Cal services from your previous Medi-Cal health plan for one additional month. After that, you'll receive your Medi-Cal services through CalOptima Health OneCare Complete. There will be no gap in your Medi-Cal coverage. Please call us at the number at the bottom of the page if you have any questions.

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'll still be in the Medicare and Medi-Cal programs as long as you're eligible.



**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](http://www.caloptima.org/OneCare).

## CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan ANNUAL NOTICE OF CHANGE FOR 2026

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

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.

### 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.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

### B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they’ll work for you next year.
  - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? 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 D2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.



**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](http://www.caloptima.org/OneCare).

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- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

| <b>If you decide to stay with CalOptima Health OneCare Complete:</b>  | <b>If you decide to change plans:</b>   |
|---|---|
| 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 <b>Section F2</b> 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. |

## **C. Changes to our network providers and pharmacies**

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2026.

**Please review the 2026 *Provider and Pharmacy Directory*** to find out if your providers (primary care providers, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.caloptima.org/OneCare](http://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* or call Customer Service at the number at the bottom of the page for help.



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## **D. Changes to benefits and costs for next year**

### **D1. Changes to benefits for medical services**

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

|                                   | <b>2025 (this year)</b>   | <b>2026 (next year)</b>  |
|-----------------------------------|---|--|
| <b>Non-Medical Transportation</b> | <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> | <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. Gym trips are limited to a 10-mile radius.</p> <p>Trips to the gym will be provided through bus passes, OC Access vouchers, and taxi only. Reimbursements for private, passenger car trips will not be available.</p> |
| <b>Vision</b>                     | <p>One routine eye exam every year and up to \$300 for eyeglasses (frames and lenses) or contact lenses every year.</p>   | <p>One routine eye exam every year and up to \$500 for eyeglasses (frames and lenses), contact lenses, and repairs every two years.</p>  |



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|  | <b>2025 (this year)</b>  | <b>2026 (next year)</b>  |
|--|--|--|
| <b>Hearing Aids</b>                                      | \$1,000 of hearing hardware above the Medicaid limit of \$1,510.   | \$500 of hearing hardware allowance to be covered by CalOptima Health OneCare Complete prior to the Medi-Cal allowance of \$1,510, for a total of up to \$2,010. |
| <b>Over the Counter (OTC) and Food/Produce Flex Card</b> | \$135 per quarter and no roll over of unused funds. Funds may be used for over-the-counter items and food and produce. | \$167 per quarter and no roll over of unused funds (Food and produce only available to members with certain chronic conditions).                                 |
| <b>Enhanced Drug Benefit</b>                             | Erectile dysfunction drug is not covered.  | Erectile dysfunction drug treatment covers 6 tablets per month (generic).  |
| <b>Podiatry Services</b>                                 | Prior authorization rules may apply.   | Does not require prior authorization.  |
| <b>Observation Services</b>                              | Referral requirements may apply.   | Does not require a referral.   |
| <b>Colorectal Cancer Screening</b>                       | Referral requirements may apply.   | Does not require a referral.   |



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|   | 2025 (this year)  | 2026 (next year)  |
|---|---|---|
| <b><u>Dental Services</u></b>   |   |   |
| <b>Diagnostic and Preventive Dental Services</b>  | Prior authorization rules may apply.                                      | Does not require prior authorization.   |
| <b>Oral Exams</b>   | Prior authorization rules may apply.<br>Referral requirements may apply.  | Does not require prior authorization.<br>Does not require a referral.   |
| <b>Prosthodontics, removable</b>  | Does not require prior authorization.<br>Referral requirements may apply. | Prior authorization rules may apply.<br>Does not require a referral.  |
| <b>Prosthodontics, fixed</b>  | Referral requirements may apply.  | Does not require a referral.  |
| <b>Adjunctive General Services</b>  | Does not require prior authorization.<br>Referral requirements may apply. | Prior authorization rules may apply.<br>Does not require a referral.  |
| <b>Dental X-Rays</b><br><b>Other Diagnostic Dental Services</b><br><b>Endodontics</b><br><b>Periodontics</b><br><b>Oral and Maxillofacial Surgery</b> | Covered through CalOptima Health OneCare Complete.                        | May be covered through Medi-Cal Dental.<br><br>For a full list of services covered by Medi-Cal Dental, call 1-800-322-6384 (TTY 1-800-735-2922) or visit <a href="http://www.SmileCalifornia.org">www.SmileCalifornia.org</a> . |



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## **D2. Changes to drug coverage**

### **Changes to our *Drug List***

An updated *List of Covered Drugs* is located on our website at [www.caloptima.org/OneCare](http://www.caloptima.org/OneCare). You can 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 that are allowed by Medicare and/or the state that will affect you during the calendar 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're taking, we'll send you a notice about the change.

If you're 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.

***This section is continued on the next page.***



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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.

### **Changes to drug costs**

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

| <b>Stage 1<br/>Initial Coverage Stage</b>  | <b>Stage 2<br/>Catastrophic Coverage Stage</b>  |
|--|---|
| During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.<br>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, 2026.<br>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 drugs reaches **\$2,100**. 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'll pay for drugs.

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

### **D3. Stage 1: "Initial Coverage Stage"**

During the Initial Coverage Stage, our plan pays a share of the cost of your covered 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.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our two drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.



**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](http://www.caloptima.org/OneCare).

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For information about the costs of vaccines, or information for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

|   | 2025 (this year)   | 2026 (next year)  |
|---|--|---|
| <b>Drugs in Tier 1</b><br>(generic drugs)<br><br>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy    | Your copay for a one-month (30-day) supply is <b>\$0</b> .   | Your copay for a one-month (30-day) supply is <b>\$0</b> .<br><br>Your copay for three-months (100-day) mail-order prescription is <b>\$0</b> .   |
| <b>Drugs in Tier 2</b><br>(brand name drugs)<br><br>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy | Your copay for a one-month (30-day) supply is <b>\$0</b> .<br><br>Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0</b> . | Your copay for a one-month (30-day) supply is <b>\$0, \$4.90, or \$12.65</b> .<br><br>Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0, \$4.90, or \$12.65</b> .<br><br>Your copay for three-months (100-day) mail-order prescription is <b>\$0, \$4.90, or \$12.65</b> . |

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. 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 drugs.

#### D4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **\$2,100** for your 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](http://www.caloptima.org/OneCare).



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**E. Administrative changes**

Beginning January 1, 2026, you may have to pay a copay for brand name medicines, depending on your income. A program called the Medicare Prescription Payment Plan can help you manage your out-of-pocket costs. The program will not lower your out-of-pocket costs.

|   | 2025 (this year)   | 2026 (next year)   |
|---|--|--|
| <b>Medicare Prescription Payment Plan</b> | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). It is not applicable in 2025 as there are no out-of-pocket costs for Part D covered medications in 2025. | The Medicare Prescription Payment Plan is a payment option that can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may opt in to the program by calling OneCare Customer Service at <b>1-877-412-2734</b> (TTY <b>711</b> ) (24 hours a day, 7 days a week) or online at <a href="http://www.caloptima.org/OneCare">www.caloptima.org/OneCare</a> . |



**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](http://www.caloptima.org/OneCare).

## F. Choosing a plan

### F1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

### F2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

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

- The **Open 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.
- Because you have Medi-Cal, you can end your membership in our plan any month of the year.

There may be other situations when you're 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 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.

***This section is continued on the next page.***



**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](http://www.caloptima.org/OneCare).

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**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 **Open 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.

|   |  |
|---|--|
| <p><b>1. You can change to:</b></p> <p><b>A Medi-Medi Plan is a type of Medicare Advantage plan. It's 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 or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</b></p> <p><b>Note:</b> The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.</p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). 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"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medi-Medi Plan.</p> <p>You'll 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.</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](http://www.caloptima.org/OneCare).

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|  |  |
|--|--|
| <p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan won't change unless you request a change.</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](http://www.caloptima.org/OneCare).

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**3. You can change to:**

**Original Medicare without a separate Medicare drug plan**

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

You should only drop 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/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

**Here is what to do:**

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

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

Your Medi-Cal plan won't 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](http://www.caloptima.org/OneCare).



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|   |  |
|---|--|
| <p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). 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"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p> |
|---|--|

**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](http://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 and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 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](http://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 2026.

#### **Our website**

You can visit our website at [www.caloptima.org/OneCare](http://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 isn't connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://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](http://www.caloptima.org/OneCare).

## CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan ANNUAL NOTICE OF CHANGE FOR 2026

### G3. Ombudsman Program

The Medicare Medi-Cal Ombudsman 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 Ombudsman Program:

- 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.
- isn't connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombudsman Program is 1-855-501-3077.

### G4. Medicare

To get information directly from Medicare;

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

### Medicare's Website

You can visit the Medicare website ([www.medicare.gov](https://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](https://www.medicare.gov) and click on "Find plans.")

### Medicare & You 2026

You can read the *Medicare & You 2026* 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](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). 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](https://www.caloptima.org/OneCare).

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**G5. The Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.medicare.gov](http://www.medicare.gov).



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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](http://www.caloptima.org/OneCare)**.

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