

Health Net Cal MediConnect Plan (Medicare – Medicaid Plan)  
ANNUAL NOTICE OF CHANGES FOR 2018

**Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) offered by *Health Net Community Solutions, Inc.***

## **Annual Notice of Changes for 2018**

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You are currently enrolled as a member of Health Net Cal MediConnect. **Next year, there will be some changes to the plan's benefits, coverage, rules, and costs. This Annual Notice of Changes tells you about the changes.**



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

**For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

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## **A. Think about 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 does not meet your needs, you can leave the plan at any time.** If you choose to leave Health Net Cal MediConnect, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 17 to see your choices).
- You will continue to be enrolled in Health Net Community Solutions, Inc. for your Medi-Cal benefits, unless you choose a different Medi-Cal only plan (go to page 19 for more information).



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### Additional Resources

- If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
- إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. يُرجى الاتصال بالرقم 1-855-464-3571 (TTY: 711)، من الساعة 8:00 صباحًا حتى 8:00 مساءً، من يوم الاثنين إلى الجمعة، وللاستشارة في غير أوقات الدوام الرسمي، أيام الأجازات والعطلات، يمكنك ترك رسالة. سنرد على مكالمتك في يوم العمل التالي. هذه المكالمة مجانية.
- Եթե Հայերեն եք խոսում, անվճար լեզվական օգնության ծառայություններ են հասանում Ձեզ : Զանգահարեք 1-855-464-3571 (TTY՝ 711): Մի անձ այստեղ է Ձեզ հետ զրուցելու նպատակով երկուշաբթիից ուրբաթ, կ.ա. 8:00-ից կ.հ. 8:00-ը: Աշխատանքային ժամերից անց, հանգստյան օրերին եւ տոներին, կարող եք թողնել հաղորդագրություն: Ձեր զանգը կվերադարձվի հաջորդ աշխատանքային օրվա ընթացքում: Հեռախոսագանգն անվճար է:
- បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ ទូរស័ព្ទទៅលេខ 1-855-464-3571 (TTY:711) ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ ថ្ងៃច័ន្ទ រហូតថ្ងៃសុក្រ។ បន្ទាប់ពីម៉ោងធ្វើការ នៅចុងអាទិត្យ និងថ្ងៃបុណ្យ អ្នកអាចទុកសារសំបុត្របាន។ អ្នកនឹងត្រូវបានទូរស័ព្ទមកវិញ នៅថ្ងៃធ្វើការបន្ទាប់ទៀត។ ការហៅនេះ គឺឥតចេញថ្លៃឡើយ។
- 如果您使用中文，您可以免費獲得語言援助服務。請致電 1-855-464-3571 (聽障專線：711)。週一至週五，上午 8 點到下午 8 點。非營業時間、週末及假日，您可以留言。我們會在下一個工作日給您回電。此專線為免付費電話。
- اگر به فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در اختیار شما می باشند. با شماره 1-855-464-3571 (TTY: 711) از ساعت 8:00 صبح تا 8:00 شب، دو شنبه تا جمعه تماس بگیرید. بعد از ساعات کاری، در آخر هفته ها و تعطیلات رسمی، می توانید پیام بگذارید. به تماس تلفنی شما در روز کاری بعدی پاسخ داده خواهد شد. این تماس رایگان است.
- 귀하께서한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (TTY: 711)번으로 월요일 - 금요일, 오전 8시부터 오후 8시까지 전화하십시오. 영업시간 이후, 주말 및 공휴일에는 메시지를남기실 수 있습니다. 다음 영업일에 저희가 귀하께 전화를 드리겠습니다. 안내전화는 무료입니다.



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- Если вы говорите по-русски, мы можем предложить вам бесплатные услуги переводчика. Звоните по телефону 1-855-464-3571 (линия ТТУ: 711). Вы можете получить необходимую информацию непосредственно у сотрудника плана с понедельника по пятницу с 8:00 часов утра до 8:00 часов вечера. В нерабочее время, а также в выходные и праздничные дни, вы можете оставить сообщение. Вам перезвонят на следующий рабочий день. Звонок бесплатный.
- Si usted habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-464-3571 (TTY: 711). Después del horario de atención, los fines de semana y los días feriados puede dejar un mensaje. Le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.
- Kung nagsasalita ka ng Tagalog, available sa inyo ang mga serbisyo ng tulog sa wika, nang walang singil. Tumawag sa 1-855-464-3571 (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Paglipas ng mga oras ng negosyo, tuwing Sabado at Linggo at sa pista opisyal, maaari kang mag-iwan ng mensahe. Ang iyong tawag ay ibabalik sa loob ng susunod na araw ng negosyo. Libre ang tawag.
- Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi 1-855-464-3571 (TTY: 711) từ 8 giờ sáng đến 8 giờ tối, từ thứ Hai đến hết thứ Sáu. Sau giờ làm việc, vào các ngày cuối tuần và ngày lễ, quý vị có thể để lại tin nhắn. Cuộc gọi của quý vị sẽ được hồi đáp vào ngày làm việc hôm sau. Cuộc gọi này miễn phí.



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- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
- If you would like Health Net Cal MediConnect to send you member materials on an ongoing basis in other formats, such as braille or large print, or in a language other than English, please contact Member Services. Tell Member Services that you would like to place a standing request to get your materials in another format or language.

### **About Health Net Cal MediConnect**

- *Health Net Community Solutions, Inc.* is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Coverage under Health Net Cal MediConnect qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual shared responsibility requirement for MEC.
- Health Net Cal MediConnect is offered by *Health Net Community Solutions, Inc.* When this *Annual Notice of Changes* says "we," "us," or "our," it means *Health Net Community Solutions, Inc.* When it says "the plan" or "our plan," it means Health Net Cal MediConnect.



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## Disclaimers

Limitations, copays, and restrictions may apply. For more information, call Health Net Cal MediConnect Member Services or read the Health Net Cal MediConnect *Member Handbook*. This means that you may have to pay for some services and that you need to follow certain rules to have Health Net Cal MediConnect pay for your services.

**The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.**

Benefits and/or copays may change on January 1 of each year.

Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

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**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? It is important to review benefit and cost changes to make sure they will work for you next year. Look in sections C for information about benefit and cost 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 tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in section C for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in section B for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? 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 Health Net Cal MediConnect:**

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 will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 16 to learn more about your choices.



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## **B. Changes to the network providers and pharmacies**

Our provider and pharmacy networks have changed for 2018.

**We strongly encourage you to review our current Provider and Pharmacy Directory to see if your providers or pharmacy are still in our network.** An updated *Provider and Pharmacy Directory* is located on our website at [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect). You may also call Member Services at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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



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## C. Changes to benefits and costs for next year

### Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The following table describes these changes.

	2017 (this year)	2018 (next year)
<b>Over the Counter (OTC) Items</b>	Over the Counter (OTC) items is not covered.	<p>You pay a \$0 copay for covered OTC items available through our mail order service.</p> <p>Plan covers up to \$25 per calendar quarter.</p> <p>Unused balances at the end of each quarter will be forfeited.</p>
<b>In-Home Supportive Services (IHSS)</b>	You pay a \$0 copay for In-Home Supportive Services (IHSS).	<p>In-Home Supportive Services (IHSS) are <b>not</b> covered by the Health Net Cal MediConnect Plan.</p> <p>Up to 283 hours of IHSS is covered every month through the County Department of Social Services if approved by your county social worker.</p>



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	2017 (this year)	2018 (next year)
<b>Vision Care</b> <b>(Non-Medicare covered eyewear)</b>	<p>We will pay for the following services:</p> <ul style="list-style-type: none"> <li>*Basic single vision, bifocal, trifocal or lenticular eyeglass lenses every 2 years; and</li> <li>*Up to \$250 for eyeglass frames every two years, or</li> <li>*Up to \$250 for elective contact lenses, fitting and evaluation every two years</li> </ul> <p>You receive a 20% discount off any balance over the \$250 frame allowance and are responsible 100% of any remaining balance over the \$250 contact lenses allowance.</p>	<p>We will pay for the following services:</p> <ul style="list-style-type: none"> <li>*Up to \$250 for eyeglasses (frames and basic single vision, bifocal, trifocal or lenticular eyeglass lenses) every two years, or</li> <li>*Up to \$250 for elective contact lenses, fitting and evaluation every two years</li> </ul> <p>You are responsible 100% of any remaining balance over the \$250 allowance.</p>

**Changes to prescription drug coverage**

***Changes to our Drug List***

We sent you a copy of our 2018 *List of Covered Drugs* in this envelope.

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

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

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

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 Member Services at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday 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 the plan to cover a temporary supply** of the drug. In some situations, we will cover a **one-time**, temporary supply of the drug during the first 90 days of the calendar year. This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*). When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
  - If you have been in the plan for more than 90 days and live in a long-term care facility, we will cover a one-time 31-day supply, or less if your prescription is written for fewer days. This is in addition to the long-term care transition supply.
  - If you are moving from a long-term care facility or a hospital stay to home, we will cover one 30-day supply, or less if your prescription is written for fewer days (in which case we will allow multiple fills to provide up to a total of a 30-day supply of medication).
  - If you are moving from home or a hospital stay to a long-term care facility, we will cover one 31-day supply, or less if your prescription is written for fewer days (in which case we will allow multiple fills to provide up to a total of a 31-day supply of medication). You must fill the prescription at a network pharmacy.

Most Drug List exceptions will still be covered next year.



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### Changes to prescription drug costs

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

<b>Stage 1</b> <i>Initial Coverage Stage</i>	<b>Stage 2</b> <i>Catastrophic Coverage Stage</i>
During this stage, <b>the plan pays part of the costs</b> of your drugs, and you pay your share. Your share is called the copay.  You begin in this stage when you fill your first prescription of the year.	During this stage, <b>the plan pays all of the costs</b> of your drugs through December 31, 2018.  You begin this stage when you have paid a certain amount of out-of-pocket costs.

#### Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the 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 will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To see if your drugs will be in a different tier, look them up in the Drug List.



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The following table below shows your costs for drugs in each of our 3 drug tiers. These amounts apply *only* during the time when you are in the Initial Coverage Stage.

	2017 (this year)	2018 (next year)
<p><b>Drugs in Tier 1</b>            (Tier 1 drugs have a lower copay. They are generic drugs.)</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 <b>\$0 - \$3.30 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$3.35 per prescription.</b></p>
<p><b>Drugs in Tier 2</b>            (Tier 2 drugs have a higher copay. They are brand-name drugs.)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$8.25 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$8.35 per prescription.</b></p>
<p><b>Drugs in Tier 3</b>            (Tier 3 drugs are prescription and over-the-counter drugs that Medi-Cal covers.)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>



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The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$5,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year.

**Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

**D. Administrative changes**

	2017 (this year)	2018 (next year)
Vision Care	<p>You should talk to your provider and get a referral for Medicare-covered vision exams and Medicare-covered eyewear.</p> <p>Prior authorization (approval in advance) may be required for Medicare-covered vision exams and Medicare-covered eyewear, except in an emergency.</p>	<p>You should talk to your provider and get a referral for Medicare-covered vision exams.</p> <p>You are not required to get a referral for Medicare-covered eyewear.</p> <p>Prior authorization (approval in advance) is not required for Medicare-covered vision exams and Medicare-covered eyewear.</p>



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

## **E. Deciding which plan to choose**

### **If you want to stay in Health Net Cal MediConnect**

We hope to keep you as a member next year.

**To stay in our plan you don't need to do anything.** If you do not sign up for a different Cal MediConnect plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2018.

### **If you want to change to a different Cal MediConnect plan**

If you want to keep getting your Medicare and Medi-Cal benefits together from a single plan, you can join a different Cal MediConnect plan.

To enroll in a different Cal MediConnect plan, call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 5:00 pm. TTY users should call 1-800-430-7077.

### **If you want to leave the Cal MediConnect program**

If you do not want to enroll in a different Cal MediConnect plan after you leave Health Net Cal MediConnect, you will go back to getting your Medicare and Medi-Cal services separately.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

**For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

***How you will get Medicare services***

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Cal MediConnect plan:

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements, Programs of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048 to enroll in the new Medicare-only health plan.</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/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li></ul> <p>You will automatically be disenrolled from Health Net Cal MediConnect when your new plan's coverage begins.</p>
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**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

<p><b>2. You can change to:</b></p> <p><b>Original Medicare <i>with</i> a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven 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"><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/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li></ul> <p>You will automatically be disenrolled from Health Net Cal MediConnect when your Original Medicare coverage begins.</p>
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**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare <i>without</i> a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. 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 <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven 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"><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/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li></ul> <p>You will automatically be disenrolled from Health Net Cal MediConnect when your Original Medicare coverage begins.</p>
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***How you will get Medi-Cal services***

If you leave our Cal MediConnect plan, you will be enrolled in a Medi-Cal managed care plan of your choice. Your Medi-Cal services include most long-term services and supports and behavioral health care.

When you ask to end your membership in our Cal MediConnect plan, you will need to let Health Care Options know which Medi-Cal managed care plan you want to join. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 5:00 pm. TTY users should call 1-800-430-7077.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

## **F. Getting help**

### **Getting help from Health Net Cal MediConnect**

Questions? We're here to help. Please call Member Services at 1-855-464-3571 (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. Calls to these numbers are free.

### **Read your 2018 Member Handbook**

The *2018 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2018 Member Handbook* is always available on our website at [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect). You may also call Member Services at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday to ask us to mail you a *2018 Member Handbook*.

### **Visit our website**

You can also visit our website at [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect). 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*).

### **Getting help from the state enrollment broker**

The state enrollment broker can help you with enrollment questions you may have. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-430-7077.

### **Getting help from the Cal MediConnect Ombuds Program**

The Cal MediConnect Ombuds Program can help you if you are having a problem with Health Net Cal MediConnect. The Cal MediConnect Ombuds Program is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is 1-855-501-3077. The services are free.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

**For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

### **Getting help from the Health Insurance Counseling and Advocacy Program**

You can also call the Health Insurance Counseling and Advocacy Program (HICAP). The HICAP counselors can help you understand your Cal MediConnect plan choices and answer questions about switching plans. The HICAP is not connected with us or with any insurance company or health plan. The HICAP has trained counselors in every county, and services are free. The HICAP phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.

### **Getting help from Medicare**

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227).

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.

TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

### **Read *Medicare & You 2018***

You can read *Medicare & You 2018* 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. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) 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 Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

### **Getting help from the California Department of Managed Health Care**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The Department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The Department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

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**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3571 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [www.healthnet.com/calmediconnect](http://www.healthnet.com/calmediconnect).

# Health Net Cal MediConnect Nondiscrimination Notice

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Health Net Community Solutions, Inc. (Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net Cal MediConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## Health Net Cal MediConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Health Net Cal MediConnect Customer Contact Center at 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Health Net Cal MediConnect has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; the Health Net Cal MediConnect Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Multi-Language Insert

## Multi-language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Chinese Mandarin:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

**Chinese Cantonese:** 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Hindi:** ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). पर कॉल करें।

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。まで、お電話にてご連絡ください。

**Farsi:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Armenian:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակազմակերպչական ծառայություններ: Չանգահարեք 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)

**Cambodian:** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

**Laotian:** ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາອັງກິດ, ການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).