2020

Summary of Benefits

OneCare (HMO SNP)

CalOptima

A Public Agency

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OneCare (HMO SNP)
A Public Agency CalOptima
Better. Together.

2020 OneCare (HMO SNP) Summary of Benefits

(a Medicare Advantage Health Maintenance Organization (HMO) offered by ORANGE COUNTY HEALTH AUTHORITY with a Medicare contract)

January 1, 2020 — December 31, 2020

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **OneCare (HMO SNP)**).

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what **OneCare (HMO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at http://www.medicare.gov or get a copy 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.

Sections in this booklet

- Things to Know About **OneCare (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us toll-free at **1-877-412-2734**. TTY users can call **1-800-735-2929**.

Este documento está disponible en otros formatos, como braille y letra grande. Este documento podría estar disponible en otro idioma a parte de español. Llámenos gratuitamente al **1-877-412-2734** para más información. Usuarios de la línea TTY pueden llamar al **1-800-735-2929**.

Tài liệu này có sẵn bằng các hình thức khác như là chữ in nổi braille và chữ in khổ lớn. Tài liệu này có thể được dịch sang một ngôn ngữ khác ngoài tiếng Anh. Để biết thêm chi tiết, xin gọi cho chúng tôi ở số miễn phí **1-877-412-2734**. Thành viên sử dụng máy TTY có thể liên lạc qua số **1-800-735-2929.**

Things to Know About OneCare (HMO SNP)

Hours of Operation

You can call us 24 hours a day, 7 days a week.

OneCare (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-877-412-2734**. TTY users can call **1-800-735-2929**.
- If you are not a member of this plan, call toll-free **1-877-412-2734**. TTY users can call **1-800-735-2929**.
- Our website: **www.caloptima.org/onecare**

Who can join?

To join **OneCare (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medi-Cal, and live in our service area. Our service area includes the following county in California: Orange.

Which doctors, hospitals, and pharmacies can I use?

OneCare (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's *Provider and Pharmacy Directory* at our website **(www.caloptima.org/onecare)**.

Or, call us and we will send you a copy of the *Provider and Pharmacy Directory*.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- **Our plan members get all of the benefits covered by Original Medicare.**
- **Our plan members also get *more than what* is covered by Original Medicare.**

Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website: **www.caloptima.org/onecare**.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of two "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the following benefit stages: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-412-2734**, TTY **1-800-735-2929**, 24 hours a day, 7 days a week.

Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services that you routinely see a doctor. Visit **www.caloptima.org/onecare** or call **1-877-412-2734** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- You do not pay a separate monthly plan premium for OneCare. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- There are limits on how often you can change plans. Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following Special Enrollment Periods:
    - January to March
    - April to June
    - July to September

  If you joined our plan during one of these periods, you'll have to wait for the next period to end your membership or switch to a different plan. You can't use this Special Enrollment Period to end your membership in our plan between October and December. For more information, see Chapter 10, Section 2.1 of the *Evidence of Coverage*.

2020 Summary of Benefits Report

for Contract H5433, Plan 001

OneCare (HMO SNP)

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	$0 per month. You must continue to pay your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medi-Cal eligibility. Your yearly limit(s) in this plan: • $6,700 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, and you keep getting covered hospital and medical services, we will pay the full cost for the rest of the year. Refer to the **"Medicare & You 2020"** handbook for Medicare-covered services. For Medi-Cal-covered services, refer to the Medicaid Coverage section in this document. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

Note:

- SERVICES WITH A [1] MAY REQUIRE PRIOR AUTHORIZATION.
- SERVICES WITH A [2] MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

Inpatient Hospital Care[1,2]	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. **You pay nothing.**
Outpatient Hospital Care[1,2]	Our plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. **You pay nothing.**
Doctor's Office Visits[1,2]	Primary care physician visit: **You pay nothing.** Specialist visit[1,2]: **You pay nothing.**

Preventive Care	**You pay nothing.** Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Barium Enemas • Bone mass measurement (bone density) • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular disease screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Diabetes self-management training • Digital Rectal Exams • EKG following Welcome Visit • Glaucoma Screening[1] • Hepatitis C screening test • HIV screening • Lung cancer screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered. Annual physical exam: **You pay nothing.**
Emergency Care	**You pay nothing.** If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently Needed Services	**You pay nothing.**

Diagnostic Tests, Lab and Radiology Services, and X-Rays[1,2] *(Costs for these services may vary if received in an outpatient surgery setting)*	Diagnostic radiology services (such as MRIs, CT scans): **You pay nothing.** Diagnostic tests and procedures: **You pay nothing.** Lab services: **You pay nothing.** Outpatient X-rays: **You pay nothing.** Therapeutic radiology services (such as radiation treatment for cancer): **You pay nothing.**
Hearing Services[1,2]	Exam to diagnose and treat hearing and balance issues: **You pay nothing.** $1,000 Plan allowance for hearing aids each year, beyond the Medi-Cal limit of $1,510.
Vision Services	**Medically Necessary** Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): **$0 co-pay**. Eyeglasses or contact lenses after cataract surgery: **$0 co-pay**. **Supplemental** Routine eye exam (for up to 1 every year): **$0 co-pay**. Contact lenses (for up to 1 every two years): **$0 co-pay**. Our plan pays up to $300 every two years for contact lenses or eyeglasses (frames and lenses) (for up to 1 every two years): **$0 co-pay**.
Mental Health Care[1]	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. **You pay nothing.** Outpatient group therapy visit: **You pay nothing.** Outpatient individual therapy visit: **You pay nothing.**

Skilled Nursing Facility (SNF)[1,2]	Our plan covers up to 100 days in a SNF. **You pay nothing.**
Physical Therapy[1,2]	**You pay nothing.**
Ambulance[1]	**You pay nothing.**
Transportation[2]	**You pay nothing.** **Non-Emergency Medical Transportation** Non-emergency medical transportation by ambulance/ gurney, litter van, wheelchair van, or air transport is appropriate when it is documented that the member's condition is such that other means of transportation could endanger the member's health and that medical necessity was used to determine the type of transportation being requested. Prior scheduling rules apply. To schedule transportation call Customer Service at **1-877-412-2734.** TTY users can call the state relay service at **1-800-735-2929**. **Non-Medical Transportation** Unlimited transportation to plan approved locations for medically necessary covered services. Coverage also includes unlimited trips to and from the gym as the health club membership is offered as a supplemental benefit under this plan. ● Modes of transportation available: ○ Daily/monthly bus passes ○ OC Access vouchers ○ Mileage reimbursement ○ Taxi Schedule your transportation at least two business days in advance by calling **1-866-612-1256**. TTY users can call toll-free at **1-800-735-2929**.
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs[1]: **You pay nothing.** Other Part B drugs[1]: **You pay nothing.**
Acupuncture and Other Alternative Therapies	Offered through Medi-Cal for up to 24 visits every year: **You pay nothing.**
Chiropractic Care[1,2]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): **You pay nothing.**

Diabetes Supplies and Services[1,2]	Diabetes monitoring supplies: **You pay nothing.** Diabetes self-management training: **You pay nothing.** Therapeutic shoes or inserts: **You pay nothing.**
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**You pay nothing.**
Foot Care (podiatry services)[1,2]	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: **You pay nothing.** Routine foot care (for up to 12 visits every year).
Home Health Care[1,2]	**You pay nothing.**
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
Outpatient Rehabilitation[1,2]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): **You pay nothing.** Occupational therapy visit: **You pay nothing.** Physical therapy and speech and language therapy visit: **You pay nothing.**
Outpatient Substance Abuse[1,2]	Group therapy visit: **You pay nothing.** Individual therapy visit: **You pay nothing.**
Outpatient Surgery[1,2]	Ambulatory surgical center: **You pay nothing.** Outpatient hospital: **You pay nothing.**
Over-the-Counter Items	$40 allowance or 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. You will receive a mail-order catalog with ordering instructions and details about the items you can purchase with your allowance.
Prosthetic Devices (braces, artificial limbs, etc.)[1]	Prosthetic devices: **You pay nothing.** Related medical supplies: **You pay nothing.**
Renal Dialysis[1,2]	**You pay nothing.**

Wellness/Education and Other Supplemental Benefits & Services[1,2]	Covers the following supplemental education/wellness programs: Health Club Membership/Fitness Classes. The fitness benefit includes a membership to a contracted gym for 2020. Members may elect to receive up to two (2) home fitness kits in place of a gym membership.
Worldwide Coverage	Our plan covers up to $50,000 benefit for emergency, urgent care and emergency transportation received outside the United States. Services are covered worldwide under the same conditions of medical necessity and appropriateness that would have applied if the same services were provided within the United States. You must first pay for medical care received, obtain a discharge summary or equivalent medical documentation and proof of payment, preferably in English and U.S. dollars. Submit the reimbursement request with all supporting documentation to CalOptima and we will review for medical necessity and appropriateness before reimbursement is made.

Prescription Drug Benefits

<table>
<tr><td>How much do I pay?</td><td colspan="2">For Part B drugs such as chemotherapy drugs[1]:
You pay nothing.
Other Part B drugs[1]: You pay nothing.</td></tr>
<tr><td rowspan="4">Initial Coverage</td><td colspan="2">You pay the following:
Standard Retail Cost-Sharing</td></tr>
<tr><td>Tier</td><td>One-month; Two-month;
Three-month supply</td></tr>
<tr><td>Tier 1
(Generic)

AND

Tier 2
(Brand)</td><td>For generic drugs (including brand drugs treated as generic):
• $0 co-pay

For all other drugs:
• $0 co-pay</td></tr>
<tr><td colspan="2">You may get your drugs at network retail pharmacies.
If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</td></tr>
</table>

<table>
<tr><td rowspan="4">Coverage Gap</td><td colspan="2">Once your total drug costs have reached $2,750, you will move to the Coverage Gap Stage.
You pay the following:
Standard Retail Cost-Sharing</td></tr>
<tr><td>Tier</td><td>One-month; Two-month; Three-month supply</td></tr>
<tr><td>Tier 1 (Generic)

AND

Tier 2 (Brand)</td><td>For generic drugs (including brand drugs treated as generic):
• $0 co-pay; or
• $1.30 co-pay; or
• $3.60 co-pay.
For all other drugs, either:
• $0 co-pay; or
• $3.90 co-pay; or
• $8.95 co-pay.</td></tr>
<tr><td colspan="2">You may get your drugs at network retail pharmacies.
If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</td></tr>
<tr><td>Catastrophic Coverage</td><td colspan="2">After your yearly out-of-pocket drug costs reach $6,350:
You pay nothing.</td></tr>
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STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM

COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

Summary of Medicaid-Covered Benefits

For Contract H5433, Plan 001

The benefits described above in the Covered Medical and Hospital Benefits section of the *Summary of Benefits* are covered by Medicare. For each benefit listed below, you can see what Medi-Cal covers and what our plan covers. For the benefits covered by OneCare below, please refer to the Covered Medical and Hospital Benefits section of the *Summary of Benefits* for additional details. What you pay for covered services may also depend on your level of Medicaid eligibility. For many individuals who enroll in Medi-Cal, there is no co-payment for Medicaid (Medi-Cal) covered services. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Customer Service toll-free at **1-877-412-2734**. TTY users can call **1-800-735-2929**.

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
1. Acupuncture Services	Covered[1]	Covered through Medi-Cal for 24 visits each year. The Plan does not offer additional coverage.
2. Acute Administrative Days	Covered	Not covered
3. Blood and Blood Derivatives	Covered	Covered
4. Certified Family Nurse Practitioners Services	Covered	Covered
5. Certified Pediatric Nurse Practitioner Services	Covered	Not covered
6. Child Health and Disability Prevention (CHDP) Program	Covered	Not covered
7. Chiropractic Services	Covered[1]	Covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
8. Chronic Hemodialysis	Covered	Covered
9. Community Based Adult Services (CBAS)***	Covered	Not covered
10. Comprehensive Perinatal Services	Covered	Not covered
11. Dental Services	Covered by Denti-Cal	Covered under Denti-Cal. The plan does not offer additional coverage for either preventative or comprehensive dental services.
12. Durable Medical Equipment (DME)	Covered	Covered
13. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services and EPSDT Supplemental Services	Covered	Not covered
14. Enhanced Case Management (ECM)	Covered	Not Covered
15. Eyeglasses, Contact Lenses, Low Vision Aids, Prosthetic Eyes and Other Eye Appliances	Covered[1]	Covered
16. Federally Qualified Health Centers (FQHC)	Covered	Covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
17. Hearing Aids	Covered	Covered up to $1,000 in plan allowance for hearing aids each year, beyond the Medi-Cal limit of $1,510.
18. Home Health Agency Services	Covered	Covered
19. Home Health Aide Services	Covered	Covered
20. Hospice Care	Covered	Covered by Original Medicare
21. Hospital Outpatient Department Services and Organized Outpatient Clinic Services	Covered	Covered
22. Human Immunodeficiency Virus and AIDS drugs	Covered	Covered
23. Hysterectomy	Covered	Covered
24. Inpatient Hospital Services	Covered	Covered
25. Indian Health Services (Medi-Cal covered services only)	Covered	Not covered
26. In-Home Medical Care Waiver Services and Nursing Facility Waiver Services	Covered	Not covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
27. Intermediate Care Facility Services	Covered	Not covered
28. Laboratory, Radiological and Radioisotope Services	Covered	Covered
29. Licensed Midwife Services	Covered	Not covered
30. Long Term Care (LTC)	Covered	Covered
31. Medical Supplies	Covered	Covered
32. Medical Transportation Services	Covered	Covered
33. Nurse Anesthetist Services	Covered	Covered
34. Nurse Midwife Services	Covered	Covered
35. Optometry Services	Covered	Covered
36. Outpatient Mental Health	Covered[2]	Covered
37. Organized Outpatient Clinic Services	Covered	Covered
38. Pediatric Subacute Care Services	Covered	Not covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM
COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
39. Pharmaceutical Services and Prescribed Drugs	Covered	See Prescription Drug Benefits covered by OneCare above
40. Physician Services	Covered	Covered
41. Podiatry Services	Covered[1]	Covered
42. Prosthetic and Orthotic Appliance	Covered	Covered
43. Physical Therapy, Occupational Therapy, Speech Pathology and Audiological Services	Covered[1]	Covered
44. Rehabilitative Services	Covered	Covered
45. Organ Transplant Services	Covered	Covered
46. Respiratory Care Services	Covered	Covered
47. Rural Health Clinic Services	Covered	Covered
48. Sign Language Interpreter Services	Covered	Covered
49. Nursing Facility Services and Skilled Nursing Facility Services	Covered	Covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM

COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

Benefit Category	Medicaid (Medi-Cal)	OneCare (HMO SNP)
50. Special Duty Nursing	Covered	Not covered
51. Special Rehabilitative Services	Covered	Covered
52. State Supported Services	Covered	Covered
53. Subacute Care Services	Covered	Covered
54. Transitional Inpatient Care Services	Covered	Covered

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM

COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

[1] Optional benefits coverage is limited to only beneficiaries in "Exempt Groups": 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a SNF (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; and 5) beneficiaries enrolled in the PACE. Services include: Chiropractic Services, Acupuncturist, Audiologist and Audiology Services, Optician and Optical Fabricating Lab, Dental**, Speech Pathology, Dentures, and Eye glasses.

[2] Services may be provided by primary care physicians, psychiatrists; psychologists; licensed clinical social workers; marriage, family, and child counselors; or other specialty mental health providers.

As of January 1, 2018, under federal approval, adult dental benefits have changed. Dental benefits will not change for pregnant women or adults in a skilled nursing or intermediate care facility.

Eligible Medi-Cal members can access the following services:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Anterior root canals (front teeth)
- Prefabricated crowns
- Full dentures
- Other medically necessary dental services

**Dental and vision services are available with some limitation. Learn more about dental benefits and further clarification by calling 1-800-322-6384 or visit Denti-Cal.

***__Community-Based Adult Services (CBAS)__ has replaced Adult Day Health Care services. Adult Day Health Care services were eliminated on March 31, 2012. CBAS became effective April 1, 2012.

STATE OF CALIFORNIA
MEDICAID (MEDI-CAL) PROGRAM

COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID (MEDI-CAL)) BENEFICIARIES

Disclaimers

OneCare (HMO SNP) is a Medicare Advantage Organization with a Medicare contract. Enrollment in OneCare depends on contract renewal.

This information is not a complete description of benefits. Call Customer Service at **1-877-412-2734**, TTY **1-800-735-2929** for more information.

This information is available for free in other languages. Please call our Customer Service number at **1-877-412-2734**, 24 hours a day, 7 days a week. TTY users can call **1-800-735-2929**. OneCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-412-2734** (TTY: **1-800-735-2929**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-412-2734** (TTY: **1-800-735-2929**).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-412-2734** (TTY: **1-800-735-2929**).

OneCare Customer Service

Method	Customer Service – Contact Information
CALL	**1-877-412-2734** Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.
TTY	**1-800-735-2929** Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week.
FAX	1-714-246-8711
WRITE	OneCare Customer Service 505 City Parkway West Orange, CA 92868
WEBSITE	**www.caloptima.org/onecare**

Health Insurance Counseling and Advocacy Program (California's State Health Insurance Program)

Health Insurance Counseling and Advocacy Program (HICAP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Method	Contact Information
CALL	**1-800-434-0222** (Calls to this number are free.) **1-714-560-0424** (Calls to this number are not free.)
TTY	**1-800-735-2929** California State Relay Service Calls to this number are free.
WRITE	HICAP c/o Council on Aging – Southern California 2 Executive Circle, Suite 175 Irvine, CA 92614
WEBSITE	www.coasc.org