

CareAdvantage

Cal MediConnect Plan
(Medicare-Medicaid Plan)



2021 Summary of Benefits

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Our CareAdvantage Unit Is Available to Help You

Call us at **1-866-880-0606** (toll free) or **650-616-2174**

Hearing Impaired: TTY **1-800-735-2929** or dial **7-1-1**

- Call Center Hours are Monday through Sunday **8:00 a.m.** to **8:00 p.m.**
- Office Hours are Monday through Friday **8:00 a.m.** to **5:00 p.m.**

Large-print Request

If you would like a large-print copy of this book, please call the CareAdvantage Unit.

Privacy Statement

Health Plan of San Mateo ensures the privacy of your medical record.

For questions and more information, please call the CareAdvantage Unit.

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

Introduction

This document is a brief summary of the benefits and services covered by CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CareAdvantage CMC. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by CareAdvantage CMC for 2021. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ CareAdvantage Cal MediConnect Plan (also called CareAdvantage CMC) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people with both Medicare and Medi-Cal.
- ❖ Under CareAdvantage CMC you can get your Medicare and Medi-Cal services in one health plan. A CareAdvantage CMC care coordinator will help manage your health care needs.
- ❖ 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 *Member Handbook*.
- ❖ ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-866-880-0606**, TTY **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call the CareAdvantage Unit at **1-866-880-0606**, TTY: **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free.
- ❖ ATENCIÓN: Si usted habla español, dispone de servicios de asistencia de idioma sin cargo. Llame al **1-866-880-0606**, TTY **1-800-855-3000**, o marque **7-1-1**, de lunes a domingo, de 8:00 a.m. a 8:00 p.m. La llamada es gratuita.
- ❖ Puede obtener esta información de forma gratuita en otros formatos, como en letra grande, Braille o audio. Llame al Departamento de CareAdvantage al **1-866-880-0606**, de lunes a domingo, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al **1-800-855-3000** o marcar **7-1-1**. La llamada es gratuita.
- ❖ 注意: 如果您說中文, 我們可免費提供語言協助服務。請致電 **1-866-880-0606**、TTY (聽力及語言障礙) 專線 **1-800-735-2929** 或撥 **7-1-1**, 服務時間為週一至週日上午 8:00 至晚上 8:00; 該電話為免費服務。

 If you have questions, please call CareAdvantage CMC at **1-866-880-0606**, TTY **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. For more information, visit www.hpsm.org/careadvantage.

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- ❖ 您可以免費以其他形式取得本資訊，如大號字體、盲人用點字或錄音。致電 CareAdvantage Unit，電話是 **1-866-880-0606**，服務時間為週一至週日上午 8:00 至晚上 8:00。有聽力或語言障礙者應撥打 TTY 電話 **1-800-735-2929** 或 **7-1-1**。該電話為免費電話服務。
- ❖ ATENSYON: Kung nagsasalita kayo ng Tagalog, may mga paglilingkod para sa pagtulong sa wika, nang libre na makakamit ninyo. Tumawag sa **1-866-880-0606** (para sa TTY tumawag sa **1-800-735-2929** o i-dial ang **7-1-1**, Lunes hanggang Linggo, 8:00 a.m. hanggang 8:00 p.m. Libre ang tawag.
- ❖ Maaari mong makuha nang libre ang impormasyong ito sa iba pang anyo, kagaya ng malalaking letra, braille, o audio. Tawagan ang Yunit ng CareAdvantage sa **1-866-880-0606**, Lunes hanggang Linggo, mula 8:00 a.m. hanggang 8:00 p.m. Ang mga gumagamit ng TTY ay dapat tumawag sa **1-800-735-2929** o i-dial ang **7-1-1**. Libre ang tawag.
- ❖ ВНИМАНИЕ: Если вы говорите по-русски, вы можете бесплатно воспользоваться услугами языковой поддержки. Звоните по номеру телефона **1-866-880-0606**. (Пользователям телетайпа (TTY) следует звонить по номеру **1-800-735-2929** или набирать **7-1-1**. Звонить можно в любой день недели с 8:00 до 20:00. Звонок бесплатный.
- ❖ Вы можете получить эту информацию бесплатно в другом формате, например в виде текста, набранного крупным шрифтом или шрифтом Брайля, или в виде аудиозаписи. Позвоните в подразделение CareAdvantage Unit по номеру **1-866-880-0606** в любой день недели с 8:00 до 20:00. Пользователям телетайпа (TTY) следует звонить по номеру **1-800-735-2929** или набирать **7-1-1**. Звонки по этому номеру бесплатные.

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect Plan?	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has case managers to help you manage all your providers and services. They all work together to provide the care you need. CareAdvantage CMC (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
What is a CareAdvantage CMC Case Manager?	A CareAdvantage CMC case manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	<p>LTSS are for members who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p> <p>LTSS include the following programs: Care Planning and Management (CPM), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).</p>

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

Frequently Asked Questions (FAQ)	Answers
<p>Will you get the same Medicare and Medi-Cal benefits in CareAdvantage CMC that you get now?</p>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from CareAdvantage CMC. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in CareAdvantage CMC, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. Also, if you are taking any Medicare Part D prescription drugs that CareAdvantage CMC does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for CareAdvantage CMC to cover your drug if medically necessary.</p>
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with CareAdvantage CMC and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers who have an agreement with us are “in-network.” You must use the providers in CareAdvantage CMC’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareAdvantage CMC's plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read CareAdvantage CMC’s <i>Provider and Pharmacy Directory</i>.</p> <p>If CareAdvantage CMC is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for 12 months.</p>
<p>What happens if you need a service but no one in CareAdvantage CMC’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CareAdvantage CMC will pay for the cost of an out-of-network provider.</p>

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Frequently Asked Questions (FAQ)	Answers
Where is CareAdvantage CMC available?	The service area for this plan includes: San Mateo County. You must live in this area to join the plan.
Do you pay a monthly amount (also called a premium) under CareAdvantage CMC?	You will not pay any monthly premiums to CareAdvantage CMC for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from CareAdvantage CMC before you can get a specific service or drug or see an out-of-network provider. CareAdvantage CMC may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. CareAdvantage CMC can provide you with a list of services or procedures that require you to obtain prior authorization from CareAdvantage CMC before the service is provided.</p> <p>See Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, CareAdvantage CMC may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>See Chapter 3, of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>What is Extra Help?</p>	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”</p> <p>Your prescription drug copays under CareAdvantage CMC already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p>Who should you contact if you have questions or need help? (continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call CareAdvantage CMC Member Services:</p> <p>CALL 1-866-880-0606</p> <p>Calls to this number are free. Monday through Sunday, 8:00 a.m. to 8:00 p.m.</p> <p>The CareAdvantage Unit also has free language interpreter services available for people who do not speak English.</p> <p>TTY 1-800-735-2929 or dial 7-1-1</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Monday through Sunday, 8:00 a.m. to 8:00 p.m.</p>

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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-833-846-8773</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 1-800-735-2929 or dial 7-1-1</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the San Mateo County Behavioral Health and Recovery Services (BHRS) ACCESS Call Center:</p> <p>CALL 1-800-686-0101</p> <p>Calls to this number are free. 24 hours, 7 days a week. BHRS has free language interpreter services available for people who do not speak English.</p> <p>TTY Dial 7-1-1</p>

C. Overview of Services

 **If you have questions**, please call CareAdvantage CMC at **1-866-880-0606**, TTY **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	Prior authorization is required for some services.
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	\$0 co-pay for trips to covered services. We have contracted with American Logistics Company (ALC) to offer this service. To schedule a ride, please call ALC at 1-877-356-1080 , Monday through Friday, 8:00 a.m. to 5:00 p.m., at least two (2) business days before your appointment. If you have an unexpected service, call ALC to reserve your ride as soon as possible. Limitations apply. Prior authorization by ALC is required.
	Specialist care	\$0	A referral from your primary care provider (PCP) is required.
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	

? If you have questions, please call CareAdvantage CMC at **1-866-880-0606**, TTY **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. For more information, visit www.hpsm.org/careadvantage.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	Referral is required, except for X-rays. Prior authorization required for: <ul style="list-style-type: none"> • Diagnostic radiology services (MRIs, CT scans) • Therapeutic radiology services (such as radiation treatment for cancer)
	Screening tests, such as tests to check for cancer	\$0	
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	You pay \$0, \$1.30 or \$3.70 for a 31-day supply Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please see CareAdvantage CMC's <i>List of Covered Drugs</i> (Drug List) for more information. You can get a 31 or 93-day supply of these drugs at your pharmacy. Your co-pay will be the same.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>You pay \$0, \$4.00 or \$9.20 for a 31-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please see CareAdvantage CMC's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You can get a 31 or 93-day supply of these drugs at your pharmacy. Your co-pay will be the same.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see CareAdvantage CMC's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<p>Referral is required.</p> <p>Prior authorization is required.</p> <p>Beneficiary must meet eligibility criteria to receive non-Medicare occupational, speech or physical therapy.</p> <p>Eligibility for occupational therapy applies only to CBAS. Beneficiary must be 18 years or older, and meet nursing facility level of care.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	Emergency room services are covered in and out of network without prior authorization. You are only covered for emergency services outside of the United States and its territories if you are admitted to a hospital in Canada or Mexico.
	Ambulance services	\$0	In case of emergency, dial 9-1-1
	Urgent care	\$0	Urgent Care is covered in and out of network without prior authorization. You are NOT covered for Urgent Care services outside of the United States.
You need hospital care	Hospital stay	\$0	Our Plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital.
	Doctor or surgeon care	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization is required.
	Medical equipment for home care	\$0	Our plan has preferred vendors/manufacturers for durable medical equipment (DME). Contact the plan for more information. Referral is required. Prior authorization is required.
	Skilled nursing care	\$0	Prior authorization is required. Our plan covers an unlimited number of days in a skilled nursing facility (SNF). Authorization from your PCP is required if you are hospitalized less than 3 days before admission to a SNF.
You need eye care	Eye exams	\$0	Exam to diagnose and treat diseases of the eye (including yearly glaucoma screening) Routine eye exam (up to 1 every year)
	Glasses or contact lenses	\$0	Up to \$100 for <ul style="list-style-type: none"> • eyeglasses (frames and lenses) or • contact lenses every two years

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing or auditory services	Hearing screenings	\$0	Referral is required.
	Hearing aids	\$0	Referral is required. Prior authorization is required. Hearing aid benefit is \$1,510 per fiscal year (July 1–June 30) for both ears, and includes molds, modification supplies and accessories.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Includes diabetes self-management training.
	Diabetes supplies and services	\$0	Prior authorization is required if supplies are non-formulary. Includes: <ul style="list-style-type: none"> • Diabetes monitoring supplies and • Therapeutic shoes or inserts Our plan limits Diabetic Supplies and Services to specific manufacturers. Contact the plan for more information.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition</p>	<p>Mental or behavioral health services</p>	<p>\$0</p>	<p>Prior authorization from BHRS is required for:</p> <ul style="list-style-type: none"> • outpatient group therapy visit • outpatient individual therapy visit • outpatient individual therapy visit with a psychiatrist • outpatient group therapy visit with a psychiatrist • partial hospitalization program services <p>Mental and behavioral health services are offered through San Mateo County Behavioral Health and Recovery Services (BHRS).</p> <p>You can call the BHRS ACCESS Call Center at 1-800-686-0101 (TTY: dial 7-1-1) for more information.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a substance use problem</p>	<p>Substance use services</p>	<p>\$0</p>	<p>Referral is required for outpatient substance use services.</p> <p>Prior authorization from BHRS is required for:</p> <ul style="list-style-type: none"> • outpatient substance use group therapy visit • outpatient substance use individual therapy visit <p>Substance use services are offered through San Mateo County Behavioral Health and Recovery Services (BHRS).</p> <p>You can call the BHRS ACCESS Call Center at 1-800-686-0101 (TTY: dial 7-1-1 for more information).</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need long-term mental health services</p>	<p>Inpatient care for people who need mental health care</p>	<p>\$0</p>	<p>Prior authorization from BHRS is required.</p> <p>Our plan covers up to 190 days for inpatient mental health care in a psychiatric hospital. The inpatient hospital limitation does not apply to inpatient mental health services provided in a general hospital.</p> <p>After 190 days, the local county mental health agency will coordinate authorization and pay for inpatient psychiatric services.</p> <p>Long-term mental health services are offered through San Mateo County Behavioral Health and Recovery Services (BHRS).</p> <p>You can call the BHRS ACCESS Call Center at 1-800-686-0101 (TTY: dial 7-1-1) for more information.</p>
<p>You need durable medical equipment (DME) (This service is continued on the next page).</p>	<p>Wheelchairs</p>	<p>\$0</p>	<p>Our plan has preferred vendors/manufacturers for durable medical equipment (DME).</p> <p>Contact the plan for more information. Referral is required for DME used outside of the home.</p> <p>Prior authorization is required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME) (continued on next page).</p>	Nebulizers	\$0	<p>Our plan has preferred vendors/manufacturers for durable medical equipment (DME).</p> <p>Contact the plan for more information. Referral is required for DME used outside of the home.</p> <p>Prior authorization is required.</p>
	Crutches	\$0	<p>Our plan has preferred vendors/manufacturers for durable medical equipment (DME).</p> <p>Contact the plan for more information. Referral is required for DME used outside of the home.</p> <p>Prior authorization is required.</p>
	Walkers	\$0	<p>Our plan has preferred vendors/manufacturers for durable medical equipment (DME).</p> <p>Contact the plan for more information. Referral is required for DME used outside of the home.</p> <p>Prior authorization is required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) (continued).	Oxygen equipment and supplies	\$0	Our plan has preferred vendors/manufacturers for durable medical equipment (DME). Contact the plan for more information. Referral is required for DME used outside of the home. Prior authorization is required.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan.
	Home services, such as cleaning or housekeeping	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan.
	Changes to your home, such as ramps and wheelchair access	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan.
	Training to help you get paid or unpaid jobs	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan.
	Home health care services	\$0	Referral is required. Prior authorization required. Medicare-covered home health visits Eligibility for the following services applies only to CBAS. Beneficiary must be 18 years or older, and meet nursing facility level of care:

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)			<ul style="list-style-type: none"> • additional hours of care • personal care services
	Services to help you live on your own	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan.
	Adult day services or other support services	\$0	Prior authorization required.
You need a place to live with people available to help you (This service is continued on the next page)	Assisted living or other housing services	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan.
You need a place to live with people available to help you (continued)	Nursing home care	\$0	<p>Referral required.</p> <p>Prior authorization is required.</p> <p>Our plan covers an unlimited number of days in a skilled nursing facility (SNF).</p> <p>Authorization from your PCP is required if you are hospitalized less than 3 days before admission to a SNF.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan.

D. Services covered outside of CareAdvantage CMC

This is not a complete list. Call Member Services to find out about other services not covered by CareAdvantage CMC but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
Personal Care Services and Self-Directed Personal Assistance Services (PAS) [In-Home Supportive Services]	\$0 for authorized IHSS hours.
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

Other services covered by Medicare or Medi-Cal	Your costs
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	Services that are covered under the Medi-Cal Dental Program, are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by the Medi-Cal Dental Program.

E. Services that CareAdvantage CMC, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by CareAdvantage CMC, Medicare, or Medi-Cal	
Full-time nursing care in your home	This plan does not cover full-time nursing care in your home.
Radial keratotomy, LASIK surgery, vision therapy, and other low-vision aids	This plan does not cover radial keratotomy, LASIK surgery, vision therapy, and other low-vision aids.
Naturopath services (the use of natural or alternative treatments)	This plan does not cover naturopath services.

F. Your rights as a member of the plan

As a member of CareAdvantage CMC, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

 **If you have questions**, please call CareAdvantage CMC at **1-866-880-0606**, TTY **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, and/or audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and you can change your PCP at any time during the year
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. CareAdvantage CMC will pay for the cost of your second opinion visit.

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

- Create and apply an advance directive, such as a will or health care proxy.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help you communicate with your doctors and your health plan. Call **1-866-880-0606** if you need help with this service
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services, 24 hours a day, 7 days a week, without prior approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers with the California Department of Managed Health Care (DMHC). The DMHC has a toll-free phone number (**1-888-466-2219**) and a TTY line (**1-877-688-9891**) for the hearing and speech impaired. The DMHC's website (www.dmhc.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions online. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
 - Ask for a state fair hearing from the State of California

CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

- Get a detailed reason for why services were denied

For more information about your rights, you can read the *CareAdvantage CMC Member Handbook*. If you have questions, you can also call CareAdvantage CMC Unit.

G. How to file a complaint or appeal a denied service

If you have a complaint or think CareAdvantage CMC should cover something we denied, call CareAdvantage CMC at **1-866-880-0606**. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *CareAdvantage CMC Member Handbook*. You can also call CareAdvantage CMC Unit.

H. What to do if you suspect fraud

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

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

- Call us at CareAdvantage CMC Unit. Phone numbers are on the cover of this summary.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.
- To report Medi-Cal fraud, call the Bureau of Medi-Cal Fraud and Elder Abuse at **1-800-722-0432**.
- Or, call the California Department of Health Care Services at **1-800-822-6222**.

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CareAdvantage Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2021**

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Healthy is for everyone.



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fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

www.hpsm.org/careadvantage

Call Center Hours:
Monday through Sunday
8:00 a.m. to 8:00 p.m.