

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

## **Annual Notice of Changes for 2021**

### **Introduction**

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 and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free.

**For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



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## A. Disclaimers

- ❖ 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 Health Net Cal MediConnect *Member Handbook*.

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## B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section F2 for more information.

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 16 to see your choices).
- You will get your Medi-Cal benefits through a Medi-Cal managed care plan of your choice (go to page 19 for more information).



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## B1. Additional Resources

- **ATENCIÓN:** Si usted habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-464-3572 (TTY: 711) de 8:00 a.m. a 8:00 p.m., de lunes a viernes. 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.
- **PAALALA:** Kung nagsasalita ka ng Tagalog, available sa inyo ang mga serbisyo ng tulog sa wika, nang walang singil. Tumawag sa 1-855-464-3572 (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 ibalik sa loob ng susunod na araw ng negosyo. Libre ang tawag.
- **XIN LƯU Ý:** Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi 1-855-464-3572 (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.

• تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. يُرجى الاتصال بالرقم 1-855-464-3572 (TTY: 711)، من الساعة 8:00 صباحًا حتى 8:00 مساءً، من يوم الاثنين إلى الجمعة، وللاتصال في غير أوقات الدوام الرسمي، أيام الأجازات والعطلات، يمكنك ترك رسالة. سنرد على مكالمتك في يوم العمل التالي. هذه المكالمة مجانية.

- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-855-464-3572 (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 the next business day. The call is free.
- Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) wants to make sure you understand your health plan information. We can send future materials to you in another language and/or alternate format if you ask for it this way. This is called a “standing request.” We will document your choice.

Please call us if:



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free.  
**For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

- You want to get your materials in Arabic, Spanish, Tagalog, Vietnamese and/or in an alternate format.
- or
- You want to change the language and/or format that we send you materials.

If you need help understanding your plan materials, please contact Health Net Cal MediConnect Member Services at 1-855-464-3572 (TTY: 711). Hours are 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.

## **B2. Information 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 is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/affordable-care-act/individuals-and-families](http://www.irs.gov/affordable-care-act/individuals-and-families) for more information on the individual shared responsibility requirement.
- Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) 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 Plan (Medicare-Medicaid Plan).



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**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free. **For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

### **B3. 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 D or 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 cost-sharing 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 D2 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - To get additional information on drug prices, visit [www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage). (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
    - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.



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- **Check to see if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C 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 may be able to switch plans (see section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F2, page 16 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2021.

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 [mmp.healthnetcalifornia.com/findadoctor](http://mmp.healthnetcalifornia.com/findadoctor). You may also call Member Services at 1-855-464-3572 (TTY: 711) from 8 a.m. to 8 p.m., Monday through



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

### **D1. 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 table below describes these changes.



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	2020 (this year)	2021 (next year)
<b>Additional Telehealth Services</b>	Additional Telehealth services are <b>not</b> covered.	<p>You pay a <b>\$0</b> copay for additional telehealth for the following services:</p> <p>Prior authorization and referral may be required.</p> <ul style="list-style-type: none"> <li>• Primary Care Physician Services</li> <li>• Physician Specialist Services</li> <li>• Individual sessions for Mental Health Specialty Services</li> <li>• Group Sessions for Mental Health Services</li> <li>• Other Health Care Professional</li> <li>• Individual sessions for Psychiatric Services</li> <li>• Group sessions for Psychiatric Services</li> </ul>
<b>Diabetes supplies and services</b>	<p>You pay a <b>\$0</b> copay</p> <p>Diabetic glucometer and supplies are available through your PCP.</p>	<p>You pay a <b>\$0</b> copay</p> <p>Diabetic glucometer and supplies are limited to Accu-Chek and OneTouch and can now be obtained at a Pharmacy. Other brands are not covered unless pre-authorized</p>



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<p><b>Multi-Purpose Senior Services Program (MSSP)</b></p>	<p>You pay a <b>\$0</b> copay</p> <p>MSSP is a case management program that provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals.</p> <p>To be eligible, you must be 65 years of age or older, live within a site's service area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.</p> <p>MSSP services include:</p> <ul style="list-style-type: none"> <li>• Adult Day Care / Support Center</li> <li>• Housing Assistance</li> <li>• Chore and Personal Care Assistance</li> <li>• Protective Supervision</li> <li>• Care Management</li> <li>• Respite</li> <li>• Transportation</li> <li>• Meal Services</li> <li>• Social Services</li> <li>• Communications Services</li> </ul> <p>This benefit is covered up to \$4,285 per year.</p>	<p>You pay a <b>\$0</b> copay</p> <p>MSSP is a case management program that provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals.</p> <p>To be eligible, you must be 65 years of age or older, live within a site's service area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.</p> <p>MSSP services include:</p> <ul style="list-style-type: none"> <li>• Adult Day Care / Support Center</li> <li>• Housing Assistance</li> <li>• Chore and Personal Care Assistance</li> <li>• Protective Supervision</li> <li>• Care Management</li> <li>• Respite</li> <li>• Transportation</li> <li>• Meal Services</li> <li>• Social Services</li> <li>• Communications Services</li> </ul> <p>This benefit is covered up to \$5,356.25 per year.</p>
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<p><b>Prior Authorization and Referrals (This section is continued on the next page).</b></p>	<p>The following required prior authorization:</p> <ul style="list-style-type: none"> <li>• Dialysis Services</li> <li>• Kidney Disease Education Services</li> <li>• Other Medicare-Covered Preventive Services           <ul style="list-style-type: none"> <li>○ Glaucoma Screening</li> <li>○ Diabetes Self-Management Training</li> <li>○ Barium Enemas</li> <li>○ Digital Rectal Exams</li> <li>○ Medicare-Covered EKG following Welcome Visit</li> <li>○ Other Medicare-Covered Preventive Services</li> </ul> </li> <li>• Hearing Exams</li> </ul> <p>The following required a referral for services:</p> <ul style="list-style-type: none"> <li>• Skilled Nursing Facility (SNF)</li> <li>• Outpatient Diagnostic Procedures, Tests and Lab Services</li> </ul>	<p>The following no longer require prior authorization:</p> <ul style="list-style-type: none"> <li>• Dialysis Services</li> <li>• Kidney Disease Education Services</li> <li>• Other Medicare-Covered Preventive Services           <ul style="list-style-type: none"> <li>○ Glaucoma Screening</li> <li>○ Diabetes Self-Management Training</li> <li>○ Barium Enemas</li> <li>○ Digital Rectal Exams</li> <li>○ Medicare-Covered EKG following Welcome Visit</li> <li>○ Other Medicare-Covered Preventive Services</li> </ul> </li> <li>• Hearing Exams</li> </ul> <p>The following no longer require a referral for services:</p> <ul style="list-style-type: none"> <li>• Skilled Nursing Facility (SNF)</li> <li>• Outpatient Diagnostic Procedures,</li> </ul>
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	2020 (this year)	2021 (next year)
	<ul style="list-style-type: none"> <li>Other Medicare-covered Preventive Services</li> </ul> <p>The following did not require a referral:</p> <ul style="list-style-type: none"> <li>Home Health Services</li> </ul>	<p>Tests and Lab Services</p> <ul style="list-style-type: none"> <li>Other Medicare-covered Preventive Services</li> </ul> <p>The following require a referral for services:</p> <ul style="list-style-type: none"> <li>Home Health Services</li> </ul>

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [mmp.healthnetcalifornia.com/formulary](http://mmp.healthnetcalifornia.com/formulary). You may also call Member Services at 1-855-464-3572 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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

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

Review the Drug List to **make sure your drugs will be covered next year** and to 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 1-855-464-3572 (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.



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- 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 **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 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.

Some 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 Initial Coverage Stage</b>	<b>Stage 2 Catastrophic Coverage Stage</b>
During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.  You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2021.  You begin this stage when you have paid a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$6,550**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

### D3. 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 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.

	2020 (this year)	2021 (next year)
<p><b>Drugs in Tier 1</b></p> <p>(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 - \$3.60 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$3.70 per prescription.</b></p>
<p><b>Drugs in Tier 2</b></p> <p>(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 - \$8.95 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$9.20 per prescription.</b></p>
<p><b>Drugs in Tier 3</b></p> <p>(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>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$6,550**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information how much you will pay for prescription drugs.



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#### D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$6,550** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

- To locate more information about which of your prescriptions are covered by Medi-Cal versus Medicare, see the *List of Covered Drugs* on our website at [mmp.healthnetcalifornia.com/formulary](http://mmp.healthnetcalifornia.com/formulary).

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#### E. Administrative changes

Administrative changes may change how you get your services, items, or prescription drugs. Read below for more information about these changes.

	2020 (this year)	2021 (next year)
<b>Mail Order Pharmacy</b>	There are two mail order pharmacies: <ul style="list-style-type: none"><li>• CVS Caremark Mail Service Pharmacy</li><li>• Homescrpts Mail Order Pharmacy</li></ul>	There is one mail order pharmacy: <ul style="list-style-type: none"><li>• CVS Caremark Mail Service Pharmacy</li></ul>

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#### F. How to choose a plan

##### F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. 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 2021.

##### F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Cal MediConnect plan, or moving to Original Medicare.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free.

**For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



### 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 and live within the service area, a Program 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, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/HICAP/">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 1-855-464-3572 (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 the next business day. The call is free. **For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

<p><b>2. You can change to:</b></p> <p><b>Original Medicare with 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, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><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/">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 1-855-464-3572 (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 the next business day. The call is free. **For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without 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 have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/HICAP/">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, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><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/">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 continue to get your Medi-Cal services through Health Net Community Solutions, Inc. unless you select a different plan for your Medi-Cal services. 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 6:00 pm. TTY users should call 1-800-430-7077.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free. **For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

## **G. How to get help**

### **G1. Getting help from Health Net Cal MediConnect**

Questions? We're here to help. Please call Member Services at 1-855-464-3572 (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 2021 Member Handbook**

The *2021 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.

The *2021 Member Handbook* will be available by October 15. An up-to-date copy of the *2021 Member Handbook* is always available on our website at [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com). You may also call Member Services at 1-855-464-3572 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday to ask us to mail you a *2021 Member Handbook*.

#### **Our website**

You can also visit our website at [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### **G2. 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 am to 6:00 pm. TTY users should call 1-800-430-7077.

### **G3. 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 ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free. **For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

- 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.

#### **G4. Getting help from the Health Insurance Counseling and Advocacy Program**

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

#### **G5. Getting help from Medicare**

To get information directly from Medicare, 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.

##### **Medicare's Website**

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

##### **Medicare & You 2021**

You can read the *Medicare & You 2021* 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 ([www.medicare.gov](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.

#### **G6. 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 1-855-464-3572 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday and



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free. **For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)  
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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 urgent issue, 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. For urgent issues, you may call the Department first without filing a grievance with your health plan.

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 (1-888-466-2219) and a TTY line (1-877-688-9891) for the hearing and speech impaired. The Department's Internet website [www.dmhca.gov](http://www.dmhca.gov) has complaint forms, IMR application forms and instructions online.



**If you have questions**, please call Health Net Cal MediConnect at 1-855-464-3572 (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 the next business day. The call is free. **For more information**, visit [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

# 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).