

October 2, 2022

<Name>

<Address>

<City>, <State> <ZIP>

Changes to your 2023 health plan

Dear <Name>,

<CMC Plan name> is changing to <EAE D-SNP plan-specific branding name> on **January 1, 2023**. Unless you change plans, <EAE D-SNP plan-specific branding name> will provide your Medicare benefits. It will work with its matching Medi-Cal Managed Care Plan to provide and coordinate your Medicare and Medi-Cal services and Medicare prescription drugs through **one** [*Optional insert* <Organization Marketing Name or Parent Organization Name>] organization to coordinate your benefits. Together these plans are called a Medicare Medi-Cal Plan (“Medi-Medi”). You will keep all of your Medicare and Medi-Cal benefits. **You will not have a gap in your coverage.** If you want to change plans and pick a different Medicare health plan, read your options on pages 2 through 4.

You will be automatically enrolled in <EAE D-SNP plan-specific branding name> and do not need to do anything to keep these services.

The <EAE D-SNP plan-specific branding name> is very similar to your current Cal MediConnect plan. With <EAE D-SNP plan-specific branding name>, you will still have a <EAE D-SNP plan-specific branding name> <care coordinator or similar plan-specific term> to get help for your needs.

You won’t pay a premium, or pay for doctor visits or other medical care if you go to a provider that works with our health plan. To learn more about your prescription drug costs, call your <plan-specific branding name> <care coordinator or similar plan-specific term>.

<Plans must choose one of the following options>

[*Insert if applicable:* <You can keep your primary care physician (PCP) for your health care needs with < EAE D-SNP plan-specific name>].

[*Insert if applicable:* Your primary care physician (PCP), [name of PCP], is not in our network in 2023. You may be able to keep your PCP for up to 12 months. [EAE D-SNP plan-specific branding name] can help you find a new PCP you like if your PCP does not join our network. To get help, call <EAE DSNP Customer Service Number>.]

[*Insert if applicable:* To ask if your PCP or other providers are in our network in 2023, call [EAE D-SNP plan-specific branding name] <care coordinator or similar plan-specific term>.]

To learn more, read the *Notice of Additional Information*. It came with this letter.

Read below to learn more about <EAE D-SNP plan-specific branding name> and other choices for you.

What services will my Medicare Medi-Cal Plan cover?

[EAE D-SNP plan-specific branding name] will cover many of the Medicare and Medi-Cal benefits you get now, including:

- All Medicare covered services, including doctors, hospitals, labs, and x-rays
- You will have access to a provider network that includes many of the same providers as your current plan
- Prescription drugs covered by Medicare
- Coordination of the services you get now or that you might need
- Transportation to medical services
- Medical supplies
- Durable Medical Equipment (DME)
- Nursing home care
- Community-Based Adult Services (CBAS)
- <Plans insert supplemental benefits and/or Community Supports>

In December <EAE D-SNP plan-specific name> will send you a new member kit. **Your kit will include:**

- A welcome letter
- A Summary of Medicare and Medi-Cal benefits
- [*insert* <List of covered drugs> *or* <Instructions to get the list of covered drugs online or to ask for a hard copy >]
- [*insert* <Provider and pharmacy directory> *or* <Instructions to get the provider and pharmacy directory online or to ask for a hard copy >]
- [*if including in the new member kit, insert* <Member ID card>]
- [*if including in the new member kit, insert* <Member handbook>] *or* < Instructions to get Member Handbook online or to ask for a hard copy.>
- [Optional: plan to list other materials (example: HRA form, OTC catalog, etc.)]

You will not have a gap in your coverage. You will be automatically enrolled in a Medicare Medi-Cal Plan offered by <EAE D-SNP plan specific name>. You don't have to do anything if you want to join this plan. If you want to change plans, read your options below.

You should also read the *Notice of Additional Information*. It came with this letter.

If you have questions, you can contact <EAE D-SNP plan specific name>,

- Call <EAE D-SNP <Member Services> at <toll-free phone number> <days and hours of operation>
- Call <toll-free number> (TTY: <number>)
- Go to <web address>

At the end of this letter, we tell you who to contact with questions about Medicare or Medi-Cal.

Do I have choices for coverage?

Yes. You have five [Orange County: please replace with “four”] options for coverage. If you want to talk to someone about your options, read the list of phone numbers in the chart at the end of this letter. Here are your five [Orange County: please replace with “four”] options:

Option 1: Keep [EAE D-SNP plan-specific branding name].

You will be automatically enrolled in the Medicare Medi-Cal Plan offered by [EAE D-SNP plan-specific branding name]. This Medicare Medi-Cal plan will start January 1, 2023. You do not need to do anything.

The Medicare Medi-Cal Plan:

- Will cover all of your Medicare, including Medicare Part D, and many Medi-Cal benefits, such as prescription drugs
- May offer extra coverage such as vision, hearing, or dental
- Has a network of doctors and other providers to give you care

[remove for Orange County and renumber subsequent options] Option 2: Join a different health plan that combines your Medicare and Medi-Cal coverage.

Choose from the list of plans in your county that combine Medicare and Medi-Cal. The list came with this letter. You can call other plans for more information and can call the plan you choose directly to enroll.

The Medicare Medi-Cal Plans on the list:

- Will cover all of your Medicare, including Medicare Part D, and many Medi-Cal benefits, such as prescription drugs
- May offer extra coverage such as vision, hearing, or dental
- Has a network of doctors and other providers you can see to receive care

To learn more about Medicare Medi-Cal Plans in your county, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week and ask about dual eligible special needs plans (D-SNPs). Or go to www.Medicare.gov.

To learn more about the Medi-Cal Plans in your county, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m. Or go to Health Care Options at www.healthcareoptions.dhcs.ca.gov.

Option 3: Join a Medicare Advantage health plan.

Medicare Advantage plans:

- Cover all services that Original Medicare covers
- May offer extra coverage such as vision, hearing, or dental
- May **not** coordinate with your Medi-Cal plan

Remember: If you decide to join a Medicare Advantage plan:

- Your Medi-Cal plan may change.
- If the Medicare Advantage plan doesn't also offer a Medi-Cal plan, you can enroll in any Medi-Cal plan in your county.
- If the Medicare Advantage plan has a matching Medi-Cal plan in your county, you will be enrolled in that Medi-Cal plan.

To join a Medicare Advantage plan, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week. Or go to www.Medicare.gov.

To learn more about Medi-Cal Plans in your county, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m. Or go to Health Care Options at www.healthcareoptions.dhcs.ca.gov.

Option 4: You can change to Original Medicare (sometimes called Fee-For-Service).

- The federal government manages Original Medicare (sometimes called Fee-For-Service coverage).
- If you choose Original Medicare and don't choose a Part D prescription drug plan by December 31, Medicare will enroll you in a separate Part D prescription drug plan. They will send you a letter telling you the name of your new drug plan.
- If you choose Original Medicare, your Medi-Cal plan will be <CMC Plan's MCP name>.
- You may also be able to change your Medi-Cal plan.

To change to Original Medicare call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week or visit www.Medicare.gov.

To learn more about Medi-Cal Plans in your county, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m. Or go to Health Care Options at www.healthcareoptions.dhcs.ca.gov.

Option 5: If you qualify, you can join the Program of All-Inclusive Care for the Elderly (PACE).

PACE will cover your Medicare and Medi-Cal benefits, including prescription drugs. It will coordinate your healthcare, homecare, transportation, and dental care. PACE also offers social centers and senior gyms. If you choose to join a PACE plan, your Medi-Cal Plan and Medicare Advantage Plan will change, and your providers may change.

To find out if PACE is available in your county or to learn more about PACE, go to www.CalPACE.org. Or call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY 1-800-430-7077). Or go to Health Care Options at www.healthcareoptions.dhcs.ca.gov.

From **October 15** through **December 7**, you can change your Medicare plan or choose Original Medicare for coverage that begins January 1, 2023. You can choose Medicare prescription drug coverage for the next year.

You have until **March 31, 2023**, 3 months after your coverage starts in <EAE D-SNP name> to make a different Medicare choice. Because you have Medi-Cal, you may have other opportunities to join a different Medicare health or prescription drug plan. If you join a new Medicare plan after **December 31, 2022**, your coverage in the new plan won't start until the month after you choose the new Medicare plan.

You can also choose Original Medicare and join a separate Medicare prescription drug plan.

Because you have Medi-Cal, you can also change how you get Medicare one time during each of these periods:

- January – March
- April – June
- July – September

There may be other situations where you are eligible to make a change to our enrollment.

If you want to learn more or make a change, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week or visit www.Medicare.gov.

Questions?

Find contact information for your questions on the next page.

<Plans may include language thanking the enrollee for their membership and/or apologizing for any inconvenience.>

Who can I contact with questions?

| If you want to: | Contact: |
|---|--|
| Ask questions about your Medicare and Medi-Cal services provided by <CMC plan name> | <ul style="list-style-type: none"> ▪ Call <CMC name> Member Services at <toll-free number>, <days and hours of operation> ▪ Call <toll-free number> (TTY: <number>) ▪ Go to <web address> |

| If you want to: | Contact: |
|--|--|
| Ask if your doctors are in the new health plan's network | <ul style="list-style-type: none"> ▪ Call <EAE D-SNP name> Member Services at <toll-free number>, <days and hours of operation> ▪ Call <toll-free number> (TTY: <number>) ▪ Go to <web address> |
| Ask a question about Medicare | <ul style="list-style-type: none"> ▪ Call 1-800-MEDICARE (1-800-633-4227) (TTY: <number>) |
| Talk to a health insurance counselor for free about these changes and your options | <ul style="list-style-type: none"> ▪ Call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 ▪ TTY: 711 ▪ Call the Medicare Medi-Cal Ombudsman Program (also known as Cal MediConnect Ombudsman) at 1-855-501-3077. The Cal MediConnect plan is another name for your plan. The Ombudsman helps with complaints, grievances, and concerns for free. They are not part of your health plan. |
| Ask a question about Medi-Cal or your Medi-Cal plan choices | <ul style="list-style-type: none"> ▪ [For non-COHS plans only: non-COHS plan name, phone number, and TTY number] ▪ [COHS plan name, phone number, and TTY number] ▪ Call Health Care Options 1-844-580-7272 (TTY:1-800-430-7077) ▪ Call the Medi-Cal Helpline at 1-800-541-5555, Monday through Friday, except national holidays, 8:00 a.m. to 5:00 p.m. ▪ Call the Department of Health Care Services (DHCS), Office of the Ombudsman at 1-888-452-8609 (TTY: 711) Monday – Friday, except state holidays, 8:00 a.m. and 5:00 p.m. |

| If you want to: | Contact: |
|---|--|
| Get help with health plan problems and complaints | <ul style="list-style-type: none"> ▪ Call <CMC name> Member Services at <toll-free number>, <days and hours of operation> ▪ Call <toll-free number> (TTY: <number>) ▪ Go to <web address> ▪ Call the Medicare Medi-Cal Ombudsman Program (also known as Cal MediConnect Ombudsman) 1-855-501-3077 (TTY: <number>) ▪ Call Health Consumer Alliance 1-888-804-3536 or go to www.healthconsumer.org. |
| Learn more about my Medicare and Medi-Cal plan options. | <ul style="list-style-type: none"> ▪ A list of matching Medicare Medi-Cal Plans available in your county is included with this letter. ▪ Visit Medicare.gov or refer to your Medicare & You handbook for a list of all Medicare health and prescription drug plans in your area. ▪ Go to MyCareMyChoice.org to compare different Medicare options. It's a tool just for people with Medicare and Medi-Cal. |

You can get this information for free in other formats, such as large print, braille, or audio. Call <toll free number>. The call is free.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX).

[Material ID]