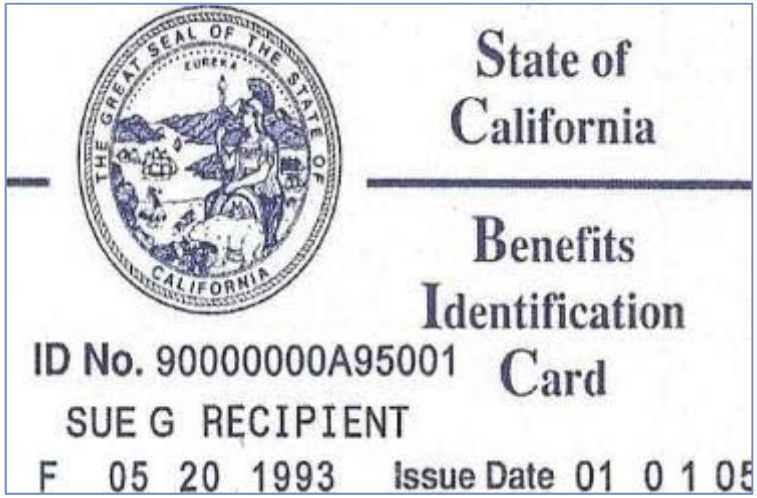
مبادرة الرعاية المنسقة بكاليفورنيا

مقاطعة لوس أنجلوس

اليوم Medi-Cal و Medicare

Medi-Cal



Medicare

Medicare و Medi-Cal اليوم

Medicare

- أطباء
- مستشفيات
- الأدوية الموصوفة طبيًّا

Medi-Cal

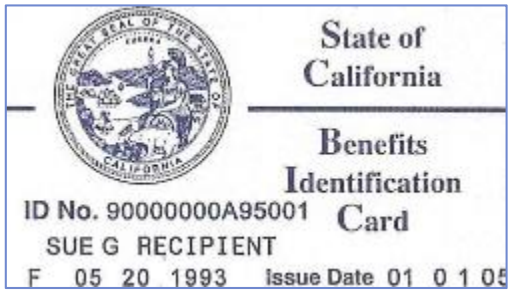
- الخدمات ووسائل الدعم طويلة الأمد
  - MSSP: برنامج خدمات المسنين متعدد الأغراض (Multipurpose Senior Services Program)
  - IHSS: الخدمات الداعمة المنزلية (In-Home Supportive Services)
  - CBAS: الخدمات المجتمعية للبالغين
  - منشآت رعاية المسنين
- معدات طبية معمرة
- مشاركة نفقات Medicare

مبادرة الرعاية المنسقة: جزآن

Medi-Cal

الخدمات ووسائل الدعم
المدارة طويلة الأمد (Managed Long-TermServices and Supports (MLTSS))

لمن: المنتفعون من Medi-Cal فقط، والأشخاص الملتحقون بـ Medicare
وMedi-Cal الذين يختارون عدم الالتحاق بـ Cal MediConnect



إجباري

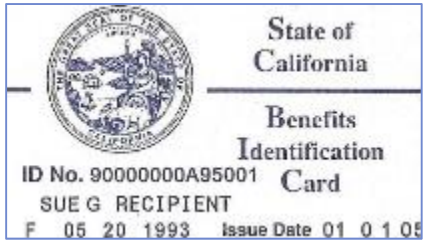
Cal MediConnect

لمن: معظم الأشخاص الملتحقين بـ Medicare (الجزآن A وB) والذين يتلقون مخصصات Medi-Cal الشاملة

اختياري

Cal MediConnect

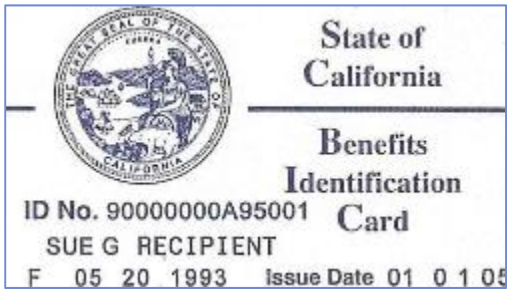
- **لمن: إذا كنت ملتحقًا بالبرنامجين Medicare (الأجزاء A وB وD) وMedi-Cal الشامل**
- **اختياري**



- Medicare الأصلي (الأجزاء A وB وD) وخدمات Medi-Cal
- رقم واحد لجميع احتياجاتك من الرعاية الصحية
- مخصصات البصر: فحص روتيني واحد للعينين كل عام و100 دولار مدفوعات مشتركة لنظارات النظر/العدسات اللاصقة كل عامين
- مخصصات النقل: 30 رحلة أحادية الاتجاه في العام بالإضافة إلى مخصصات النقل الموجودة بالفعل
- تنسيق الرعاية
- اتصل بالخطة الصحية لتتأكد إذا كان مقدم الخدمات الخاص بك يعمل مع الخطة أم لا

تنسيق رعاية
Cal MediConnect

إذا كنت ملتحقًا بـ Medicare و Medi-Cal
الخيار الأول: اختر Cal MediConnect



يمكنك دمج Medicare A وB وD الخاص بك مع مخصصاتك من Medi-Cal في إحدى خطط Cal MediConnect

- خطة Care 1st Cal MediConnect
- خطة Health Net Cal MediConnect
- خطة L.A. Care Cal MediConnect
- Molina Dual Options
- خطة Care More Cal MediConnect

خطط Cal MediConnect

لوس أنجلوس

- خطة L.A. Care Cal MediConnect
- خطة Care More Cal MediConnect
- خطة Care 1st Cal MediConnect
- Health Net Cal MediConnect
- Molina Dual Options

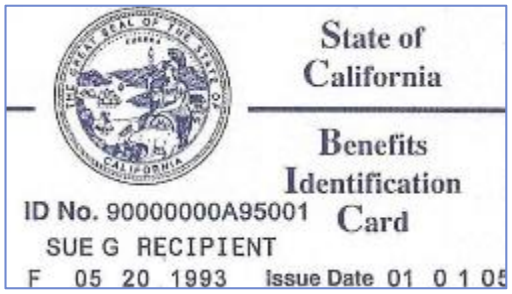
نفقات ومدفوعات
المشتركة Cal MediConnect

- لا توجد نفقات إضافية مرتبطة بالالتحاق بإحدى خطط Cal MediConnect.
- استفسر من خطة Cal MediConnect عن النفقات المرتبطة بـ Medicare الجزء D وللتأكد من أن أدويتك تخضع للتغطية.
- ستظل المدفوعات المشتركة كما هي الآن.
  - إذا كنت ملتحقًا بـ Medi-Medi، لا يجب أن يقدم إليك مقدمو الخدمات فواتير، وسيظل الحال كما هو في خطط Cal MediConnect.

Medi-Cal

الخدمات ووسائل الدعم
المدارة طويلة الأمد

- لمن:
  - إذا كنت ملتحقًا بـ Medi-Cal فقط أو إذا كنت ملتحقًا بـ Medicare وMedi-Cal ولم تلتحق بـ Cal MediConnect
- **إجباري**

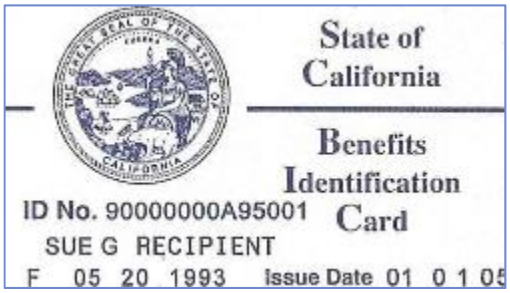


- يؤثر ذلك على خدمات Medi-Cal الخاصة بك فقط.
- ستظل تتلقى خدمات Medi-Cal نفسها، وستتلقاها الآن عبر خطة صحية.
- إذا كنت ملتحقًا بكل من Medicare و Medi-Cal واخترت الالتحاق بهذه الخطة، فستظل خطتك وأطباؤك ومستشفياتك وغيرها من خدمات Medicare كما هي الآن.

إذا كنت ملتحقًا بـ Medicare و Medi-Cal

الخيار الثاني: احتفظ ببرنامج Medicare كما هو والتحق بإحدى خطط Medi-Cal

- ستظل Medicare الخاصة بك بما في ذلك خطة الجزء D كما هي
- ستظل تستعين بمقدمي خدمات Medicare ذاتهم
- مخصصات Medi-Cal الخاصة بك مُعيّنة الآن إلى خطة Medi-Cal الصحية

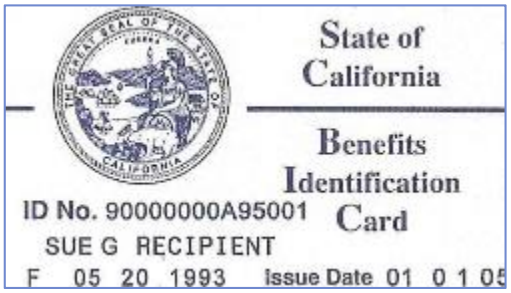


التحق بإحدى خطط Medi-Cal فقط

- خطة L.A. Care Medi-Cal
- Health Net
- خطة 1st Care الصحية
- خطة Molina الصحية
- Kaiser Permanente
- Anthem

إذا كنت ملتحقًا بـ Medi-Cal فقط

يجب أن تختار إحدى خطط Medi-Cal لمخصصات Medi-Cal الخاصة بك



التحق بإحدى خطط Medi-Cal

- خطة L.A. Care Medi-Cal
- خطة Health Net
- خطة 1st Care الصحية
- خطة Molina الصحية
- Kaiser Permanente
- Anthem

خطط Medi-Cal

لوس أنجلوس

- خطة L.A Care Medi-Cal
- Anthem
- خطة 1st Care الصحية
- Kaiser Permanente
- Health Net
- خطة Molina الصحية

PACE

برنامج خدمات رعاية المسنين الشاملة

- لمن: إذا كنت ملتحقًا بـ Medicare وMedi-Cal معًا أو Medi-Cal فقط
- خيار متاح للمؤهلين

قد تكون مؤهلًا للالتحاق بأحد برامج PACE

إذا كنت:

- تبلغ من العمر 55 عامًا أو أكبر
- تعيش في منزلك أو مركز مجتمعي بأمان
- تحتاج إلى مستوى عاليًا من الرعاية لإعاقة أو حالة مزمنة
- تعيش في منطقة خاضعة لخدمات إحدى خطط PACE الصحية

خطط PACE

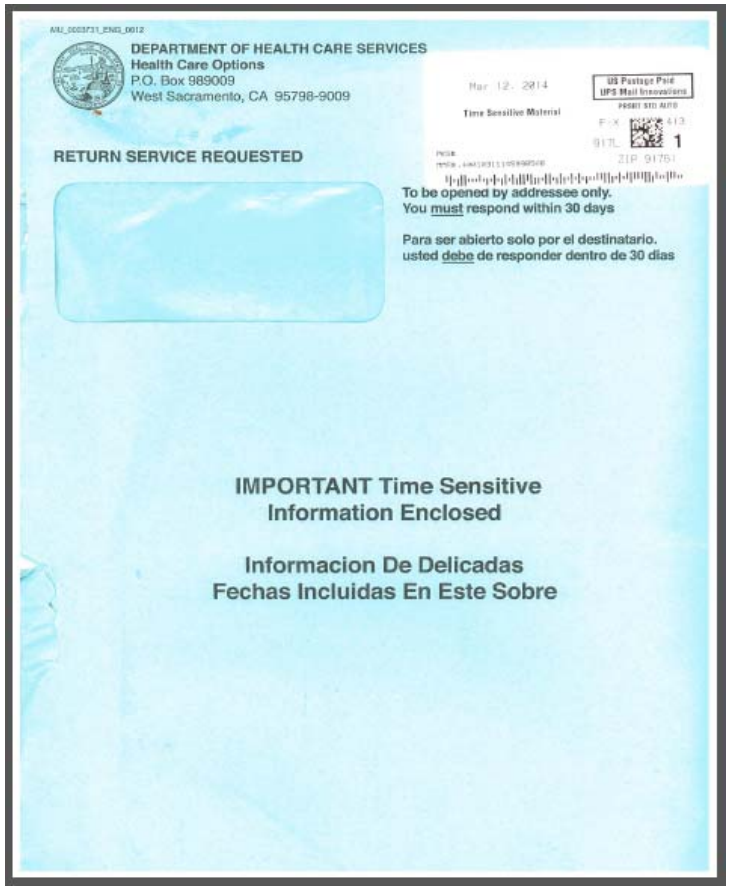
لوس أنجلوس

- Altamed Senior BuenaCare
- 1-877-462-2582
- مراكز Brandman لرعاية المسنين
- 1-818-774-3065

متى تتوقع استلام إخطارات

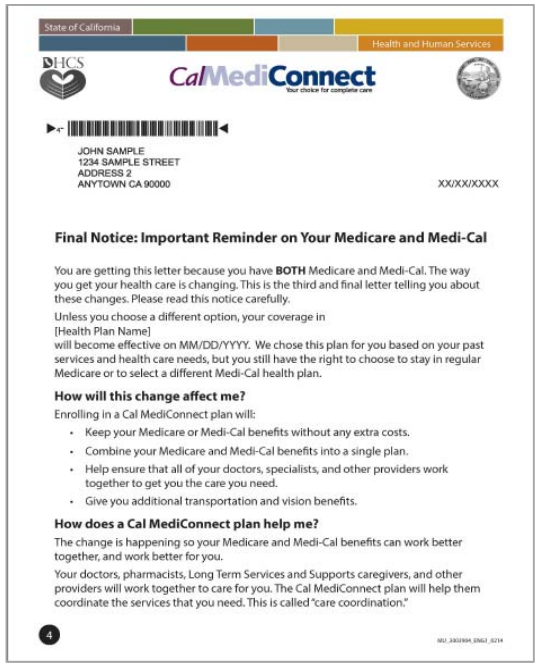
- ستتلقى إخطارات قبل 90 و60 و30 يومًا من تاريخ التغطية الخاص بك.
- تاريخ التغطية بالنسبة لمعظم الأشخاص هو أول يوم من شهر ميلادهم.
- ستصل معلومات Cal MediConnect الرسمية من الولاية في **مظروفات زرقاء فقط**.

ابحث عن المظروف الأزرق



إخطارات Cal MediConnect

إخطار الثلاثين يومًا



State of California

Health and Human Services

DHCS

CalMediConnect

Your choice for complete care

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

Final Notice: Important Reminder on Your Medicare and Medi-Cal

You are getting this letter because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. This is the third and final letter telling you about these changes. Please read this notice carefully.

Unless you choose a different option, your coverage in
[Health Plan Name]
will become effective on MM/DD/YYYY. We chose this plan for you based on your past services and health care needs, but you still have the right to choose to stay in regular Medicare or to select a different Medi-Cal health plan.

How will this change affect me?

Enrolling in a Cal MediConnect plan will:

- Keep your Medicare or Medi-Cal benefits without any extra costs.
- Combine your Medicare and Medi-Cal benefits into a single plan.
- Help ensure that all of your doctors, specialists, and other providers work together to get you the care you need.
- Give you additional transportation and vision benefits.

How does a Cal MediConnect plan help me?

The change is happening so your Medicare and Medi-Cal benefits can work better together, and work better for you.

Your doctors, pharmacists, Long Term Services and Supports caregivers, and other providers will work together to care for you. The Cal MediConnect plan will help them coordinate the services that you need. This is called "care coordination."

4

إخطار الستين يومًا

State of California

Health and Human Services

CalMediConnect

Important Information

You are getting this letter because you have BOTH Medicare and Medi-Cal. The way you get your health care is changing. You will now have more choices to meet your health care needs.

This is the second letter telling you about your new options. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you.

Based upon your past services and health care needs, you have been assigned to the Cal MediConnect plan named below. Unless you choose to stay with regular Medicare, you do not need to do anything and your coverage in this plan will become effective on MM/DD/YYYY. [Health Plan Name]

How will this change affect me?

Enrolling in a Cal MediConnect plan will:

- Keep your Medicare or Medi-Cal benefits without any extra costs.
- Keep all of the services or benefits you receive now.
- Ensure that all of your doctors, specialists, and other providers will work together to get you the care you need.
- Give additional transportation and vision benefits.

2

إخطار التسعين يومًا

State of California

Health and Human Services

CalMediConnect

Important Information

You are getting this letter because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will now have more choices to meet your health care needs.

What is a Cal MediConnect plan?

A Cal MediConnect plan is a Medicare/Medi-Cal plan that will manage your Medicare and Medi-Cal benefits. Enrolling in a Cal MediConnect plan means that you keep your Medicare and Medi-Cal benefits with no extra cost but you must use your Cal MediConnect providers. You can also get additional transportation and vision benefits.

What are my plan choices?

You will get more information about your health plan choices soon. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you. You keep the benefits and services you have now, and the Cal MediConnect plan will work with your doctors and providers.

This is the first letter telling you about your new choices. You will get a second letter with more information about your choices soon. You may choose a Cal MediConnect plan in your county, or choose to stay with regular Medicare.

1

Cal MediConnect دليل

How to choose a health plan

STEP 1 **Find the best health plan for you.**

Cal MediConnect

Do you want to get your Medicare and Medi-Cal benefits together in one Cal MediConnect plan? If yes, a Cal MediConnect health plan may be good for you.

Look on the inside front cover (page 2) of this Guidebook for a list of the Cal MediConnect plans available in your county. There is also information on these Cal MediConnect plans in your Choice booklet.

Medi-Cal Plan for Long Term Services and Supports

Do you want to keep your Medicare separate and join a health plan for your Medi-Cal (including LTSS)? If yes, then a Medi-Cal only health plan may be good for you. Look on page 21 in this Guidebook for a list of the Medi-Cal health plans available in your county. If you think you qualify, you can also choose PACE. PACE will contact you to see if you do.

Program of All-Inclusive Care for the Elderly (PACE)

See page 13 for more information about PACE. If you think you may qualify, you can choose PACE. You must still choose a Cal MediConnect Plan or a Medi-Cal health plan, just in case you do not qualify to join PACE. PACE will send you a letter telling you whether or not you meet the requirements to join. Look on page 22 for a list of PACE Plans available in your county.

STEP 2 **Choose the type of health plan that is a good fit for you.**

Make a list of your main doctors, providers, and care needs.

Use the worksheet on page 23 to make a list of your providers and health care needs. Use this list when you call the health plans to learn more about their services. Ask the health plans if they work with your providers and cover your prescription drugs and medical equipment.

Do you have a doctor or other provider you like?

Ask your doctors if they work with any of the health plans in your county. You can also look in the health plan "provider directories" to see if your doctors or providers are listed. You may be able to keep seeing your current doctors for up to six months. See page 10 for more information.

14 | HOW TO CHOOSE A HEALTH PLAN

Cal MediConnect Plans

RIVERSIDE & SAN BERNARDINO COUNTIES

IEHP Dual Choice

Molina Dual Options

SAN DIEGO COUNTY

CareFirst Cal MediConnect Plan

CommunityCare Advantage

Health Net Cal MediConnect

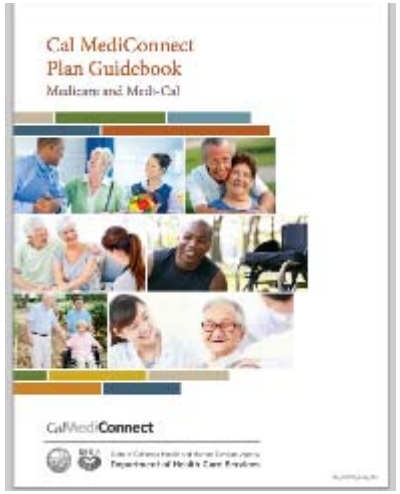
Molina Dual Options

SAN MATEO COUNTY

Care Advantage CMC

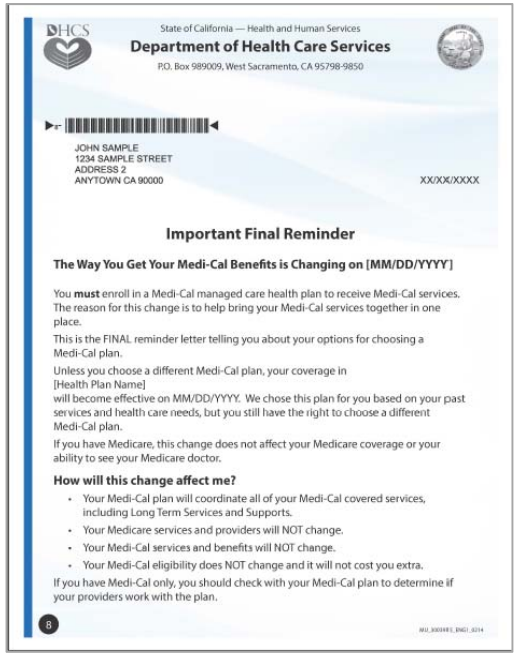
These plans cover both Medicare and Medi-Cal Long Term Services and Supports.

2 | CAL MEDICONNECT PLANS



MLTSS

إخطار الثلاثين يومًا



State of California — Health and Human Services

Department of Health Care Services

P.O. Box 989009, West Sacramento, CA 95798-9850

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

XX/XX/XXXX

Important Final Reminder

The Way You Get Your Medi-Cal Benefits is Changing on [MM/DD/YYYY]

You **must** enroll in a Medi-Cal managed care health plan to receive Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place.

This is the FINAL reminder letter telling you about your options for choosing a Medi-Cal plan.

Unless you choose a different Medi-Cal plan, your coverage in
[Health Plan Name]
will become effective on MM/DD/YYYY. We chose this plan for you based on your past services and health care needs, but you still have the right to choose a different Medi-Cal plan.

If you have Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

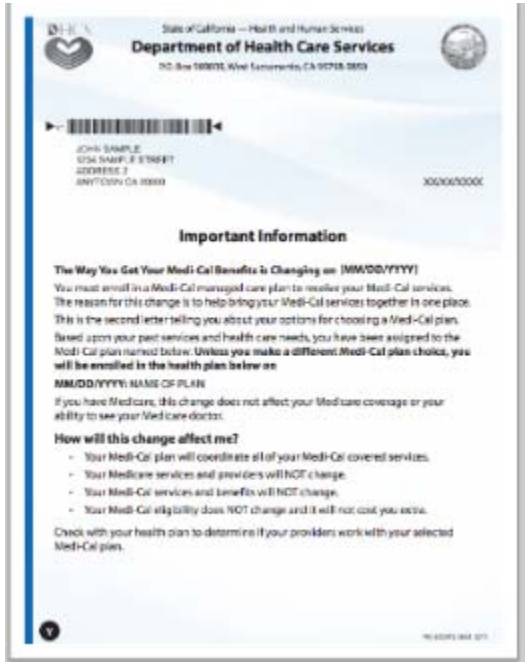
How will this change affect me?

- Your Medi-Cal plan will coordinate all of your Medi-Cal covered services, including Long Term Services and Supports.
- Your Medicare services and providers will NOT change.
- Your Medi-Cal services and benefits will NOT change.
- Your Medi-Cal eligibility does NOT change and it will not cost you extra.

If you have Medi-Cal only, you should check with your Medi-Cal plan to determine if your providers work with the plan.

8

إخطار الستين يومًا



State of California — Health and Human Services

Department of Health Care Services

Important Information

The Way You Get Your Medi-Cal Benefits is Changing on [MM/DD/YYYY]

You must enroll in a Medi-Cal managed care plan to receive your Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place.

This is the second letter telling you about your options for choosing a Medi-Cal plan.

Based upon your past services and health care needs, you have been assigned to the Medi-Cal plan named below. **Unless you make a different Medi-Cal plan choice, you will be enrolled in the health plan below on**

MM/DD/YYYY: NAME OF PLAN

If you have Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

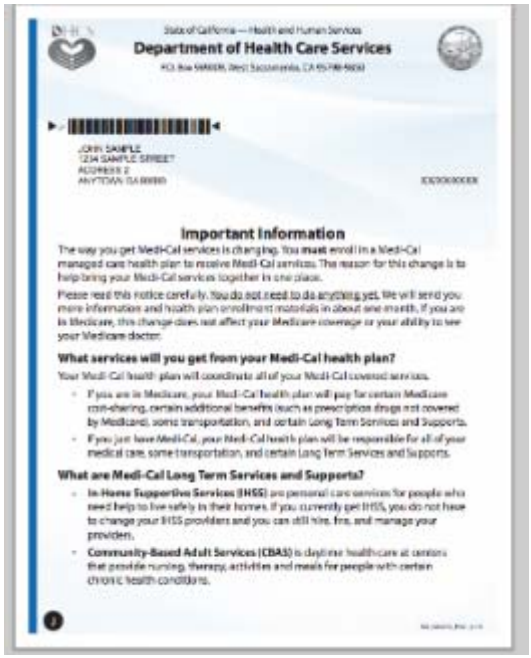
How will this change affect me?

- Your Medi-Cal plan will coordinate all of your Medi-Cal covered services.
- Your Medicare services and providers will NOT change.
- Your Medi-Cal services and benefits will NOT change.
- Your Medi-Cal eligibility does NOT change and it will not cost you extra.

Check with your health plan to determine if your providers work with your selected Medi-Cal plan.

7

إخطار التسعين يومًا



State of California — Health and Human Services

Department of Health Care Services

Important Information

The way you get Medi-Cal services is changing. You **must** enroll in a Medi-Cal managed care health plan to receive Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place.

Please read this notice carefully. You do not need to do anything yet. We will send you more information and health plan enrollment materials in about one month. If you are in Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

What services will you get from your Medi-Cal health plan?

Your Medi-Cal health plan will coordinate all of your Medi-Cal covered services.

- If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare coin-sharing, certain additional benefits (such as prescription drugs not covered by Medicare), some transportation, and certain Long Term Services and Supports.
- If you just have Medi-Cal, your Medi-Cal health plan will be responsible for all of your medical care, some transportation, and certain Long Term Services and Supports.

What are Medi-Cal Long Term Services and Supports?

- **In-Home Supportive Services (IHSS)** are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers.
- **Community-Based Adult Services (CBAS)** is daytime healthcare at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.

2

اتصل بـ Health Care Options

اتصل بـ Health Care Options لكي:

- تلتحق بإحدى خطط Cal MediConnect أو
- تلتحق بإحدى خطط Medi-Cal (وتبقي على Medicare كما هو الآن) أو
- تلتحق بإحدى خطط PACE

1-844-580-7272

استخدم نموذج الاختيار لاختيار الخطة التي تريدها

- إذا كنت ملتحقًا بـ **Medicare** و**Medi-Cal** **معًا** ولم تفعل شيئًا:
  - فستعين لك الخطة الأنسب بالنسبة لك من خطط Cal MediConnect.
- إذا كنت ملتحقًا بـ **Medi-cal** **فقط** ولم تفعل شيئًا:
  - فستعين لك الخطة الأنسب بالنسبة لك من خطط Medi-Cal.
- وبذلك لن **تفقد** مخصصاتك أو خدماتك من Medicare أو Medi-Cal.

اطلب المساعدة من الخطة الصحية

- خطط Cal MediConnect
  - خطة L.A. Care Cal MediConnect 1-855-522-1298
  - خطة Care More Cal MediConnect 1-888-350-3447
  - خطة Care 1st Cal MediConnect 1-855-905-3825
  - Health Net Cal MediConnect 1-888-788-5395
  - Molina Dual Options 1-855-665-4627

بمن تتصل

- إذا كان لديك شكوى، فاتصل بخطتك الصحية.
- إذا كنت في حاجة إلى المزيد من المساعدة، يمكنك الاتصال بـ:

برنامج محقق الشكاوى الخاص بخطط Cal MediConnect	(855) 501-3077
محقق الشكاوى الخاص بخطط Medi-Cal للرعاية المدارة (Medi-Cal Managed Care Ombudsman)	(888) 452-8609
مكتب دعم المرضى (Office of the Patient Advocate)	(866) 466-8900

برنامج محقق الشكاوى الخاص بخطط Cal MediConnect

- إذا كنت ملتحقًا بإحدى خطط Cal MediConnect، يمكنك الاتصال ببرنامج محقق الشكاوى
- يستطيع برنامج محقق الشكاوى مساعدتك في تقديم الطعون والشكاوى

(855) 501-3077

موارد إضافية

- برنامج استشارات التأمين الصحي والدعم (HICAP, Health Insurance Counseling and Advocacy Program)
  - اتصل بـ HICAP ليساعدك في اتخاذ القرار المناسب بالنسبة لك
  - 213-383-4519
  - الخط الساخن: 1-800-434-0222
- البريد الإلكتروني info@calduals.org