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## Important Information on Your Medicare and Medi-Cal

You are getting this **second letter** because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will keep the benefits and services you have now, but you will get them in a different way. Unless you choose a different option, in 60 days, you will be automatically enrolled in a new Cal MediConnect plan <Plan Name>.

If you do not want to be enrolled in the plan selected for you, you **must** take action.

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**If you do not do anything, your coverage in Cal MediConnect  
<Plan Name>  
will become effective on 00/00/0000**

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In the next few days, you will receive a Health Plan Guidebook and a Choice Book to help you better understand the Cal MediConnect program and the plan you have been assigned. Carefully review that information when you receive it.

### What are my choices?

1. **Automatically enroll in the Cal MediConnect plan that we have chosen for you starting 00/00/0000.** To do this, you do not have to do anything. It will be automatic.
2. **If you do not want to be automatically enrolled** in the Cal MediConnect plan chosen for you, you **MUST** either contact Health Care Options at 1-844-580-7272 or fill out and return the Plan Choice Form by 00/00/0000 to choose from these options:
  - Option A: **Enroll in a different Cal MediConnect Plan.**
  - Option B: **Keep your Medicare the way it is AND enroll in a Medi-Cal plan.**

**Z** You can also find out if you are eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE).

## What do my choices mean?

### 1. Automatically enroll in the Cal MediConnect plan

<Plan Name>.

#### This plan:

- Has been chosen for you based on your past services and health care needs.
- Combines all of the Medicare and Medi-Cal benefits and services you receive now into a single plan.
- Gives additional transportation to medical services and vision benefits.
- Will not cost more than what you pay today for your Medicare and Medi-Cal benefits.
- Ensures Cal MediConnect doctors, specialists, and other approved providers will work together to get you the care you need.
  - If your doctor is not a part of the Cal MediConnect plan, you may have to choose a new doctor.
  - Other providers won't change, like those for Medi-Cal services such as In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care.

### 2. If you do not want to be automatically enrolled in the Cal MediConnect plan chosen for you, you **MUST** choose from these options:

#### Option A: Enroll in a different Cal MediConnect plan

- If you want all of the benefits of having a Cal MediConnect plan, but you don't want to be automatically enrolled in the one we have chosen for you, you may select a different one. You will receive a Health Plan Guidebook to help you make your choice.

#### Option B: Keep your Medicare the way it is now AND enroll in a Medi-Cal plan

- If you choose to stay with regular Medicare, you still must choose a Medi-Cal plan to receive your Medi-Cal benefits.
- You will receive Medi-Cal services like In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing facility care through the Medi-Cal plan, if you qualify for these services.

## **The Program of All-Inclusive Care for the Elderly (PACE) may be an option for you.**

- You may be eligible to join PACE if you are 55 or older and need a higher level of care in order to live at home.
- PACE provides and coordinates all Medicare and Medi-Cal benefits plus some extra services to help seniors who have chronic conditions live at home.
- You may have to choose new doctors and other providers.
- While we are checking your eligibility for PACE, you will not be enrolled in Cal MediConnect. However, you must still choose a Cal MediConnect plan in Option A OR a Medi-Cal plan in Option B. We will need to know your choice just in case you do not qualify for PACE.

## **What should I do now?**

- Expect a Health Plan Guidebook and Choice Book to come in the mail.
- Expect to receive a letter from your Medicare Part D Prescription Drug Plan saying that your coverage will be ending. You will continue to receive your prescription drug benefits from your current plan until your new prescription coverage from the Cal MediConnect plan starts. You will not lose your prescription drug coverage at any time.
- Review the information in the Guidebook and your choices above to select the option that is best for you. Talk about your choices with someone who knows about your health care needs, like your family or call the California Health Insurance Counseling & Advocacy Program for free counseling at 1-800-434-0222.
- To make a choice, you **MUST** either contact Health Care Options at 1-844-580-7272 or fill out and return the Plan Choice Form. Use the Plan Choice Form to make that choice and mail it in by 00/00/0000.

## **If you do not make a choice, your coverage in Cal MediConnect**

**<plan name>**

**will become effective on 00/00/0000.**

## How can I get help or more information?

| <b>If you want to:</b>   | <b>Contact:</b>   |
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| <ul style="list-style-type: none"><li>• Talk to a health insurance counselor for free about these changes and your choices</li></ul>   | <b>California Health Insurance Counseling &amp; Advocacy Program (HICAP)</b><br>1-800-434-0222<br>TTY users should call 711 |
| <ul style="list-style-type: none"><li>• Select a different Cal MediConnect plan,</li><li>• Stay in regular Medicare,</li><li>• Choose PACE, or</li><li>• Get this letter in another language, large print, audio, or Braille</li></ul> | <b>Health Care Options</b><br>1-844-580-7272<br>TTY users should call 1-800-430-7077  |
| <ul style="list-style-type: none"><li>• Ask questions for free about Medicare</li></ul>  | <b>1-800-MEDICARE</b> (1-800-633-4227)<br>TTY users should call 1-877-486-2048  |
| <ul style="list-style-type: none"><li>• Get free help with Cal MediConnect plan problems and complaints</li></ul>  | <b>Cal MediConnect Ombudsman</b><br>1-855-501-3077  |