



2027 Annual Notice of Change

**CenCal
CareConnect™**

(HMO D-SNP)

1-877-814-1861 (TTY: CA Relay at **711**), 8 a.m. to 8 p.m. PT, 7 days a week
(except Thanksgiving and Christmas) from October 1 through March 31, and Monday through
Friday (except holidays) from April 1 through September 30

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CenCal CareConnect (HMO D-SNP) offered by CenCal Health

Annual Notice of Change for 2027

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.cencalhealth.org/careconnect. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call Member Services at 1-877-814-1861 (TTY: CA Relay at 711).
- To make a standing request to receive materials in languages other than English or in an alternate format, or to make changes to a standing request, please call CenCal CareConnect Member Services at 1-877-814-1861 (TTY: CA Relay at 711). CenCal CareConnect will keep your information as a standing request for future mailings and communications, so you do not need to make a separate request each time.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call 1-877-814-1861 (TTY: CA Relay 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-814-1861 (TTY: CA Relay 711). These services are free of charge.

OMB Approval 0938-1444 (Expires: 5/31/2029)



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

العربية (Arabic)

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم 1-877-814-1861 (TTY: CA Relay 711). وتتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والمطبوعة بحروف كبيرة. اتصل على الرقم 1-877-814-1861 (TTY: CA Relay 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-877-814-1861 (TTY: CA Relay 711) հեռախոսահամարով: Հաշմանդամություն ունեցող անձանց համար հասանելի են նաև օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլով և խոշոր տառերով տպված փաստաթղթեր: Զանգահարեք 1-877-814-1861 (TTY: CA Relay 711) հեռախոսահամարով: Այս ծառայություններն անվճար են:

中文 (Chinese)

请注意：如果您需要以您的母语获得帮助，请致电 1-877-814-1861 (TTY: CA Relay 711)。我们也为残疾人士提供辅助和服务，例如盲文版和大字号文件。请致电 1-877-814-1861 (TTY: CA Relay 711)。这些服务都是免费的。



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ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ 1-877-814-1861 (TTY: CA Relay 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼। 1-877-814-1861 (TTY: CA Relay 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता चाहिए, तो 1-877-814-1861 (TTY: CA Relay 711) पर कॉल करें। विकलांग व्यक्तियों के लिए सहायताएँ और सेवाएँ, जैसे कि ब्रेल और बड़े प्रिंट में दस्तावेज़, भी उपलब्ध हैं। 1-877-814-1861 (TTY: CA Relay 711) पर कॉल करें। ये सेवाएँ मुफ़्त दी जाती हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-814-1861 (TTY: CA Relay 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oobqhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-814-1861 (TTY: CA Relay 711). Cov kev pab cuam no yog pab dawb xwb.



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日本語 (Japanese)

注意：日本語での対応が必要な場合は 1-877-814-1861 (TTY: CA Relay 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-877-814-1861 (TTY: CA Relay 711) へお電話ください。これらのサービスは無料で提供しています。

한국인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-814-1861 (TTY: CA Relay 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-814-1861 (TTY: CA Relay 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໃຫ້ ໂທຫາເບີ 1-877-814-1861 (TTY: CA Relay 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນເອກະສານທີ່ເປັນ ອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່. ໃຫ້ໂທຫາເບີ 1-877-814-1861 (TTY: CA Relay 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.



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Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-814-1861 (TTY: CA Relay 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-877-814-1861 (TTY: CA Relay 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ខ្មែរ (Cambodian)

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាបស្ចិម អ្នក សូម ទូរស័ព្ទលេខ 1-877-814-1861 (TTY: CA Relay 711)។ ជំនួយនិងសេវាសម្រាប់អ្នកដែលមាន ភាពពិការ ដូចជាឯកសារជាអក្សរស្នាបនិងអក្សរធំៗ ក៏មានជូន ផងដែរ។ ទូរស័ព្ទទៅលេខ 1-877-814-1861 (TTY: CA Relay 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

(Farsi) فارسی

اگر به زبان خودتان نیاز به کمک دارید، با شماره 1-877-814-1861 تماس بگیرید (TTY: CA Relay 711). خدمات و کمک‌هایی برای افراد دارای معلولیت، مانند مدارک به خط بریل و چاپ درشت، نیز موجود است. با شماره 1-877-814-1861 تماس بگیرید (TTY: CA Relay 711). این خدمات به صورت رایگان ارائه می‌شوند.



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Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем языке, позвоните по телефону 1-877-814-1861 (TTY: CA Relay 711). Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля и крупным шрифтом. Позвоните по телефону 1-877-814-1861 (TTY: CA Relay 711). Эти услуги бесплатны.

Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-877-814-1861 (TTY: CA Relay 711). También hay disponibles aparatos y servicios de asistencia para personas con discapacidad, como documentos en braille y letra grande. Llame al 1-877-814-1861 (TTY: CA Relay 711). Estos servicios no tienen costo.

Tagalog (Filipino)

PAUNAWA: Kung kailangan ninyo ng tulong sa inyong wika tumawag sa 1-877-814-1861 (TTY: CA Relay 711). Ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento na nasa braille at malaking letra, ay available rin. Tumawag sa 1-877-814-1861 (TTY: CA Relay 711). Ang mga serbisyong ito ay walang bayad.



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ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-814-1861 (TTY: CA Relay 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือแล
ะบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-814-1861 (TTY: CA Relay 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою мовою, зателефонуйте на номер 1-877-814-1861 (TTY: CA Relay 711). Також надаються допомога й послуги для людей з інвалідністю, як-от документи, надруковані шрифтом Брайля або великими літерами. Телефонуйте на номер 1-877-814-1861 (TTY: CA Relay 711). Ці послуги надаються безкоштовно.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-814-1861 (TTY: CA Relay 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và bản in chữ cỡ lớn. Vui lòng gọi số 1-877-814-1861 (TTY: CA Relay 711). Các dịch vụ này đều miễn phí.



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If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

A. Disclaimers

- ❖ CenCal CareConnect is an HMO D-SNP with a Medicare and a Medi-Cal contract. Enrollment in CenCal CareConnect depends on contract renewal.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Medi-Cal programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section E2**.
- Medi-Cal options and services in **Section E2**.

B1. Information about CenCal CareConnect

- CenCal CareConnect is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means the Medicare Medi-Cal Plan.

B2. 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?
 - Review benefit and cost changes to make sure they'll work for you next year.
 - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

- Will your drugs be covered? Are they in a different cost-sharing tier? Have your drug costs changed? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
- Review changes to make sure our drug coverage will work for you next year.
- Refer to **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.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **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 drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**



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If you decide to stay with CenCal CareConnect:

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 automatically stay enrolled in CenCal CareConnect.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section E2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

Our provider and pharmacy networks have changed for 2027.

Please review the 2027 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.cencalhealth.org/careconnect. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.



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	2026 (this year)	2027 (next year)
Over-the-Counter (OTC) benefit	You receive a \$120 allowance each quarter for Over-the-Counter (OTC) health and wellness products. Unused amounts do not carry over to the next quarter.	You receive a \$90 allowance each quarter for Over-the-Counter (OTC) health and wellness products. Unused amounts do not carry over to the next quarter.
Group sessions for psychiatric services	Does not require prior authorization.	Prior authorization rules may apply.
Individual sessions for psychiatric services	Does not require prior authorization.	Prior authorization rules may apply.
Outpatient X-ray services	Does not require prior authorization.	Prior authorization rules may apply.
Prescription hearing aids, all types	CenCal CareConnect covers up to \$1,250 allowance for hearing aids and accessories every calendar year, beyond Medi-Cal coverage. Prior authorization rules may apply.	CenCal CareConnect covers up to \$650 allowance for hearing aids and accessories every calendar year, beyond Medi-Cal coverage. Does not require prior authorization.
Cardiac rehabilitation services	Does not require a referral.	Referral requirements may apply.
Diagnostic procedures/tests	Referral requirements may apply.	Does not require a referral.
Diagnostic radiological services	Referral requirements may apply.	Does not require a referral.
Group sessions for mental health specialty services	Referral requirements may apply.	Does not require a referral.



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	2026 (this year)	2027 (next year)
Individual sessions for mental health specialty services	Referral requirements may apply.	Does not require a referral.
Intensive cardiac rehabilitation services	Does not require a referral.	Referral requirements may apply.
Kidney disease education services	Does not require a referral.	Referral requirements may apply.
Opioid treatment program services	Referral requirements may apply.	Does not require a referral.
Outpatient blood services	Referral requirements may apply.	Does not require a referral.
Partial hospitalization program	Referral requirements may apply.	Does not require a referral.
Podiatry services	Referral requirements may apply.	Does not require a referral.
Pulmonary rehabilitation services	Does not require a referral.	Referral requirements may apply.

D2. Changes to drug coverage

Changes to our *Drug List*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at <https://www.cencalhealth.org/careconnect>.

We made changes to our *Drug List*, which could include removing or adding drugs, changing 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 find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're 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 the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is 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, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If your approved formulary exception is still active next year, you do not need to submit a new request until it expires. After it expires, you or your prescriber will need to request a new exception to continue coverage. Call the Pharmacy Help Desk and Customer Service at 1-833-726-0676, 24 hours a day, 7 days a week, if you have questions about your exception.

Changes to drug costs

Because you're eligible for Medi-Cal, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and which stage you're in when you get a prescription filled or refilled. These are the two stages:



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our 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, 2027. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,400**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered 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 pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our six (6) drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you. For information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost-sharing; or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

	2026 (this year)	2027 (next year)
Drugs in Tier 1 (Preferred Generic) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0.	Your cost-share for a one-month (30-day) supply is \$0 or 25%.* *Your coinsurance depends on the amount of Extra Help you receive.
Drugs in Tier 2 (Generic) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 - \$5.10 for a 30-day supply	Your cost-share for a one-month (30-day) supply is \$0 or 25%.* *Your coinsurance depends on the amount of Extra Help you receive.
Drugs in Tier 3 (Preferred Brand) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 – \$12.65 for a 30-day supply	Your cost-share for a one-month (30-day) supply is \$0 or 25%.* *Your coinsurance depends on the amount of Extra Help you receive.
Drugs in Tier 4 (Non-Preferred Brand) Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 - \$12.65 for a 30-day supply	Your cost-share for a one-month (30-day) supply is \$0 or 25%.* *Your coinsurance depends on the amount of Extra Help you receive.



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

	2026 (this year)	2027 (next year)
Drugs in Tier 5 (Specialty) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 - \$12.65 for a 30-day supply	Your cost-share for a one-month (30-day) supply is \$0 or 25%.* *Your coinsurance depends on the amount of Extra Help you receive.
Drugs in Tier 6 (Select Care Drug) Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0	Your cost-share for a one-month (30-day) supply is \$0 or 15%.* *Your coinsurance depends on the amount of Extra Help you receive.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,400**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit of **\$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6, Section E** of your *Member Handbook*.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2027.



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.
- Because you have Medi-Cal, you have some choices to end your membership in our plan including any month of the year.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

1. You can change to: A Medi-Medi Plan is a type of Medicare Advantage plan. It's for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify. Note: The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223). If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Services/Medicare Counseling/. OR Enroll in a new Medi-Medi Plan. You'll automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.
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If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

2. You can change to: Original Medicare with a separate Medicare drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. OR Enroll in a new Medicare prescription drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan won't change unless you request a change.
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If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

3. You can change to: Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop 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 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan won't change unless you request a change.
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If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

4. You can change to: Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section G2.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. OR Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins. Your Medi-Cal plan may change.
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Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8 a.m. to 6 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

F. Getting help

F1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at <https://www.cencalhealth.org/careconnect>. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2027.

Our website

You can visit our website at <https://www.cencalhealth.org/careconnect>. 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)*.

F2. Health Insurance Counseling and Advocacy Program (HICAP)

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 plan choices and answer questions about switching plans. HICAP isn't 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/Programs_and_Services/Medicare_Counseling/.

F3. Ombudsman Program

The Medicare Medi-Cal Ombudsman Program can help you if you have a problem with our plan. The Ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombudsman Program:

- 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.
- isn't connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombudsman Program is 1-855-501-3077.

F4. Medicare

To get information directly from Medicare:



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2027

You can read the *Medicare & You 2027* 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

F5. 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 **1-877-814-1861** (TTY: CA Relay at **711**) and 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 emergency, 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. 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 TDD line (**1-877-688-9891**) for the hearing and speech impaired. The



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

department's internet website www.dmh.ca.gov has complaint forms, IMR application forms and instructions online.

Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

F6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program, please contact us at the phone number at the bottom of this page or visit www.medicare.gov.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.



4050 Calle Real, Santa Barbara CA 93110
www.cencalhealth.org/careconnect

For more recent information or other questions, please call CenCal CareConnect at **1-877-814-1861** (TTY: CA Relay at **711**), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30 or visit www.cencalhealth.org/careconnect.

CenCal CareConnect is an HMO D-SNP with a Medicare and Medi-Cal contract. Enrollment in CenCal CareConnect depends on contract renewal.

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