Wellcare CalViva Health Dual Align (HMO D-SNP) offered by Health Net Community Solutions, Inc.

Annual Notice of Changes for 2024

Introduction

You are 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 Changes* 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.wellcare.com/healthnetCA. 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 and Hmong.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call 1-833-236-2366 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
    - To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Wellcare CalViva Health Dual Align (HMO D-SNP) at 1-833-236-2366 (TTY: 711). We will document your choice. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1

OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call Wellcare CalViva Health Dual Align (HMO D-SNP) at 1-833-236-2366 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.wellcare.com/healthnetCA.

and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day. The call is free.

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-833-236-2366 (TTY: 711). Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Someone that speaks Spanish and Hmong can help you. This is a free service.

- نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم 1-833-236-2366 (TTY: 711). في الفترة الممتدة بين 1 أكتوبر و31 مارس، الممثلون متاحون من الاثنين إلى الأحد، من الساعة 8 صباحًا لغاية الساعة 8 مساءً. وفي الفترة الممتدة بين 1 أبريل و30 سبتمبر، الممثلون متاحون من الاثنين إلى الجمعة، من الساعة 8 صباحًا لغاية الساعة 8 مساءً. يمكن لشخص يتحدث باللغة العربية مساعدتك. وتتوفر هذه الخدمة بشكل مجاني.

- Մենք ունենք անվճար թարգմանչական ծառայություններ՝ բժշկական ապահովագրության մեր ծրագրի կամ դեղերի ծրագրի վերաբերյալ ձեր ցանկացած հարցի պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ՝ 1-833-236-2366 (TTY՝ 711): Հոկտեմբերի 1-ից մարտի 31-ն ընկած ժամանակահատվածում ներկայացուցիչները հասանելի են երկուշաբթիից կիրակի օրերին՝ ժամը 8 a.m.-ից մինչև 8 p.m.-ը: Ապրիլի 1-ից սեպտեմբերի 30-ն ընկած ժամանակահատվածում ներկայացուցիչները հասանելի են երկուշաբթիից ուրբաթ օրերին՝ ժամը 8 a.m.-ից մինչև 8 p.m.-ը: Հայերեն խոսող օպերատորը կարող է օգնել ձեզ: Այս ծառայությունն անվճար է:

- យើងមានសេវាបកប្រែផ្តាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថ ឬគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តាល់មាត់ សូមទូរសព្ទមកយើងតាមរយៈលេខ 1-833-236-2366 (TTY: 711)។ ចន្លោះថ្ងៃទី 1 ខែតុលា និងថ្ងៃទី 31 ខែមីនា អ្នកតំណាងរង់ចាំបម្រើពីថ្ងៃចន្ទ ដល់ថ្ងៃអាទិត្យ ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់។ ចន្លោះថ្ងៃទី 1 ខែមេសានិងថ្ងៃទី 30 ខែកញ្ញា អ្នកតំណាងរង់ចាំបម្រើពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់។ អ្នកដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

- 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 1-833-236-2366 (TTY：711)。在 10 月 1 日至 3 月 31 日之間，代表的服務時間為週一至週日，上午 8 點至晚上 8 點。在 4 月 1 日至 9 月 30 日之間，代表的服務時間為週一至週五，上午 8 點至晚上 8 點。會說中文的人員可以幫助您。此為免費服務。

- برای پاسخگویی به همه پرسش‌هایی که ممکن است درباره طرح بهداشتی یا دارویی ما داشته باشید، خدمات ترجمه شفاهی رایگان ارائه می‌دهیم. برای درخواست مترجم شفاهی کافی است از طریق شماره 1-833-236-2366 (TTY: 711) با ما تماس بگیرید. از 1 اکتبر تا 31 مارس نمایندگان ما از دوشنبه تا یکشنبه، 8 صبح تا 8 شب در دسترس هستند. از 1 آوریل تا 30 سپتامبر نمایندگان ما از دوشنبه تا جمعه، 8 صبح تا 8 شب در دسترس خواهند بود. فردی که به زبان فارسی صحبت می‌کند می‌تواند به شما کمک کند. این خدمات به‌طور رایگان ارائه می‌شود.

- Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au 1-833-236-2366 (TTY : 711). Les représentants sont disponibles du lundi au dimanche, de 8 h à 20 h, entre le 1er octobre et le 31 mars ; et du lundi au vendredi, de 8 h à 20 h, entre le 1er avril et 30 septembre. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

- Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan 1-833-236-2366 (TTY:711). Ant 1ye oktòb ak 31 mas, reprezantan yo disponib Lendi pou Dimanch, 8è a.m. rive nan 8è p.m. Ant 1ye avril ak 30 septanm, reprezantan yo disponib Lendi pou Vandredi, 8è a.m. rive 8è p.m. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

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- हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, हमें 1-833-236-2366 (TTY: 711) पर कॉल करें। 1 अक्टूबर से 31 मार्च के बीच, प्रतिनिधि सोमवार से रविवार, सुबह 8 बजे से रात 8 बजे तक उपलब्ध हैं। 1 अप्रैल से 30 सितंबर के बीच, प्रतिनिधि सोमवार से शुक्रवार, सुबह 8 बजे से रात 8 बजे तक उपलब्ध हैं। कोई व्यक्ति जो हिंदी बोलता है आपकी सहायता कर सकता है। यह एक नि:शुल्क सेवा है।

- Peb muaj cov kev pab cuam kws txhais lus pub dawb los teb rau txhua cov lus nug uas koj muaj hais txog peb txoj phiaj xwm kho mob los sis tshuaj.Yog xav tau ib tug kws txhais lus tsuas yog hu rau peb ntawm 1-833-236-2366 (TTY: 711).Thaum Lub Kaum Hlis Ntuj Tim 1 txog Lub Peb Hlis Ntuj Tim 31, yuav muaj cov neeg sawv cev rau Hnub Monday-Hnub Sunday, thaum 8 teev sawv ntxov txog 8 teev tsaus ntuj. Thaum Lub Plaub Hlis Ntuj Tim 1 txog Lub Cuaj Hlis Ntuj Tim 30, yuav muaj cov neeg sawv cev rau Hnub Monday-Hnub Friday, thaum 8 teev sawv ntxov txog 8 teev tsaus ntuj. Ib tug neeg uas hais Lus Hmoob tuaj yeem pab tau koj.Qhov no yog ib qho kev pab dawb xwb.

- Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-833-236-2366 (TTY: 711). Dal 1° ottobre al 31 marzo, i rappresentanti sono disponibili dal lunedì alla domenica, dalle 8:00 alle 20:00. Dal 1° aprile al 30 settembre, i rappresentanti sono disponibili dal lunedì al venerdì, dalle 8:00 alle 20:00. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

- Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: 1-833-236-2366 (TTY: 711). Zwischen dem 1. Oktober und dem 31. März sind unsere Mitarbeiter von Montag bis Sonntag von 8 Uhr bis 20 Uhr erreichbar. Zwischen dem 1. April und dem 30. September sind unsere Mitarbeiter von Montag bis Freitag von 8 Uhr bis 20 Uhr erreichbar. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

- 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-833-236-2366（TTY：711）にお電話ください。担当者の対応時間は、10 月 1 日から 3 月 31 日までは、月曜～日曜日、午前 8 時～午後 8 時です。4 月 1 日から 9 月 30 日までは、月曜日～金曜日、午前 8 時～午後 8 時です。日本語を話す者が対応いたします。これは無料のサービスです。

- 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우,1-833-236-2366 (TTY:711)번으로 당사에 연락해 주십시오. 10 월 1 일부터 3 월 31 일까지는 월요일~일요일, 오전 8 시~오후 8 시에, 4 월 1 일부터 9 월 30 일까지는 월요일~금요일, 오전 8 시~오후 8 시에 연락하시면 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

- ພວກເຮົາມີບໍລິການລ່າມແປພາສາແບບບໍ່ເສຍຄ່າເພື່ອຕອບຄຳຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຮັບບໍລິການລ່າມແປພາສາ, ໂທຫາພວກເຮົາທີ່ 1-833-236-2366 (TTY: 711). ໃນລະຫວ່າງວັນທີ 1 ຕຸລາ ຫາ 31 ມີນາ, ຕ້ອແທນໃຫ້ບໍລິການແຕ່ວັນຈັນ - ວັນອາທິດ, 8 ໂມງເຊົ້າ ເຖິງ 8 ໂມງແລງ. ລະຫວ່າງວັນທີ 1 ເມສາ ຫາ 30 ກັນຍາ, ຕ້ອແທນໃຫ້ບໍລິການແຕ່ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າ ເຖິງ 8 ໂມງແລງ. ບາງຄົນທີ່ເວົ້າພາສາລາວໄດ້ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການແບບບໍ່ເສຍຄ່າ.

- Yie mbuo liepc duqv maaih faan waac mienh wangv-henh tengx dau waac bun muangx dongh haaix zanc meih qiemx naaic taux yie mbuo goux nyei ziux goux wangc siangx sou-gorn a’fai ndie nyei sou-gorn. Liouh lorx faan waac mienh se korh waac lorx taux yie mbuo yiem njiec naaiv 1-833-236-2366 (TTY: 711). Yiem naaiv ziepc hlaax saengh 1 mingh taux faah hlaax 31 nyei bouc dauh, ninh mbuo liuc leiz dengv gong mienh se liepc zoux gong yiem leiz-baaix yietv–leiz-baaix cietv, yiem naaiv 8 diemv lungh ndorm mingh taux 8 diemv lungh muonx oc. Yiem naaiv feix hlaax saengh 1 mingh taux juov hlaax 30 nyei bouc dauh, ninh mbuo liuc leiz dengv gong mienh se liepc zoux gong yiem leiz-baaix yietv–leiz-baaix cietv, yiem naaiv 8 diemv lungh ndorm mingh taux 8 diemv lungh muonx. Liepc duqv maaih faan waac mienh tengx meih faan benx mienh waac bun muangx. Naaiv diuc gong-bou se wangv-henh tengx mv zuqc bun nyaanh oc.

- Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-833-236-2366 (TTY: 711). W okresie od 1 października do 31 marca przedstawiciele są dostępni od poniedziałku do niedzieli w godzinach od 8:00 do 20:00. W okresie od 1 kwietnia do 30 września przedstawiciele są dostępni od poniedziałku do piątku w godzinach od 8:00 do 20:00 Osoba mówiąca po polsku może udzielić pomocy. Usługa ta jest bezpłatna.
- Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-833-236-2366 (TTY: 711). Entre 1 de outubro e 31 de março, os representantes estão disponíveis de segunda-feira a domingo, das 08:00 às 20:00. Entre 1 de abril e 30 de setembro, os representantes estão disponíveis de segunda-feira a sexta-feira, das 08:00 às 20:00. Um falante de português poderá ajudá-lo. Este serviço é gratuito.
- ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬਸ ਸਾਨੂੰ 1-833-236-2366 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। 1 ਅਕਤੂਬਰ ਅਤੇ 31 ਮਾਰਚ ਦੇ ਵਿਚਕਾਰ, ਪ੍ਰਤੀਨਿਧੀ ਸੋਮਵਾਰ ਤੋਂ ਐਤਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਉਪਲਬਧ ਹੁੰਦੇ ਹਨ। 1 ਅਪ੍ਰੈਲ ਤੋਂ 30 ਸਤੰਬਰ ਦੇ ਵਿਚਕਾਰ, ਪ੍ਰਤੀਨਿਧੀ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਉਪਲਬਧ ਹੁੰਦੇ ਹਨ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।
- Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-833-236-2366 (TTY: 711). С 1 октября по 31 марта представители доступны с понедельника по воскресенье с 8 a.m. до 8 p.m. С 1 апреля по 30 сентября с нашими представителями можно связаться с понедельника по пятницу с 8 a.m. до 8 p.m. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

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- Contamos con los servicios de interpretación gratuitos para responder las cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al 1-833-236-2366 (TTY: 711). Entre el 1 de octubre y el 31 de marzo, los representantes están disponibles de lunes a domingo, de 8 a.m. a 8 p.m. Entre el 1 de abril y el 30 de septiembre, los representantes están disponibles de lunes a viernes, de 8 a.m. a 8 p.m. Alguien que habla español puede ayudarlo. Este es un servicio gratuito.
- May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-833-236-2366 (TTY: 711). Mula Oktubre 1 hanggang Marso 31, available ang mga kinatawan mula Lunes–Linggo, 8 a.m. hanggang 8 p.m. Mula Abril 1 hanggang Setyembre 30, available ang mga kinatawan mula Lunes–Biyernes, 8 a.m. hanggang 8 p.m. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.
- **เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข** 1-833-236-2366 (TTY: 711) **ตั้งแต่วันที่** 1 **ตุลาคมถึง** 31 **มีนาคม เรามีล่ามแปลภาษาให้บริการในวันจันทร์ - วันอาทิตย์ ตั้งแต่เวลา** 8.00 **น. ถึง** 20.00 **น. และในช่วง** 1 **เมษายนถึง** 30 **กันยายน รามีล่ามแปลภาษาให้บริการในวันจันทร์ - วันศุกร์ ตั้งแต่เวลา** 8.00 **น. ถึง** 20.00 **น. คนที่พูดภาษาไทยได้สามารถให้ความช่วยเหลือแก่คุณ บริการนี้ไม่มีค่าใช้จ่าย**
- Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які свої запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером 1-833-236-2366 (TTY: 711). У період з 1 жовтня по 31 березня ви можете звертатися до представників із понеділка по неділю з 8:00 до 20:00. У період з 1 квітня по 30 вересня звернутися до представників можна з понеділка по п’ятницю з 8:00 до 20:00. Спеціаліст, який володіє українською мовою, допоможе вам. Ця послуга безкоштовна.

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- Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-833-236-2366 (TTY: 711). Từ ngày 1 tháng 10 đến ngày 31 tháng 3, nhân viên đại diện sẽ làm việc từ Thứ Hai - Chủ Nhật, từ 8 a.m. đến 8 p.m. Từ ngày 1 tháng 4 đến ngày 30 tháng 9, nhân viên đại diện sẽ làm việc từ Thứ Hai đến Thứ Sáu, từ 8 a.m. đến 8 p.m. Nhân viên nói tiếng Việt có thể hỗ trợ quý vị. Dịch vụ này miễn phí.

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A. Disclaimers

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- CalViva Health is a Medi-Cal Managed Care Plan (MCP) and is the Local Initiative Health Plan for Medi-Cal managed care in Fresno, Kings, and Madera Counties. CalViva Health is a full-service health plan contracting with the Department of Health Care Services (DHCS) to provide Medi-Cal Covered Services to Medi-Cal managed care enrollees under the Two-Plan model in all zip codes in Fresno, Kings, and Madera Counties. CalViva Health contracts with Health Net Community Solutions, Inc. on a capitated basis to provide and arrange for Medi-Cal Covered Services in all zip codes in Fresno, Kings, and Madera Counties. Health Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation, and is the CalViva Health MCP's Contracted Administrator in all zip codes in Fresno, Kings, and Madera Counties.
- 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 Wellcare CalViva Health Dual Align (HMO D-SNP) *Member Handbook*.
- Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.
- CalViva Health is a public health care plan that operates under the Medi-Cal program.

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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 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 will still be in the Medicare and Medi-Cal programs as long as you are eligible.

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

- Medicare options in the table in **Section G2**.
- Medi-Cal options and services in **Section G2**.

B1. Information about Wellcare CalViva Health Dual Align (HMO D-SNP)

- Wellcare by Health Net is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under Wellcare CalViva Health Dual Align (HMO D-SNP) 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 for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says "we," "us," "our," or "our plan," it means the Medicare Medi-Cal Plan.

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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 will work for you next year.
  - Refer to **Section E1** for 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? Can you use the same pharmacies?
  - Review changes to make sure our drug coverage will work for you next year.

  Refer to **Section E2** for information about changes to our drug coverage.
- **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 D** 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.**

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If you decide to stay with Wellcare CalViva Health Dual Align (HMO D-SNP)**:**	**If you decide to change plans:**
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 Wellcare CalViva Health Dual Align (HMO D-SNP).	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** 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 plan name

On January 1, 2024, our plan name changes from Wellcare Dual Liberty (HMO D-SNP) to Wellcare CalViva Health Dual Align (HMO D-SNP).

Wellcare CalViva Health Dual Align (HMO D-SNP) will send you a new Member ID Card by mail. You may also receive more mailings with the new plan name.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

Please review the 2024 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.wellcare.com/healthnetCA. 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*.

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E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2023 (this year)	2024 (next year)
Acupuncture Services - Routine acupuncture	Referral may be required.	Referral is **not** required.
Ambulatory Surgery Center	Referral may be required.	Referral is **not** required.
Barium Enemas – (Medicare-covered)	Referral may be required.	Referral is **not** required.
Cardiac Rehabilitation Services	Referral may be required.	Referral is **not** required.
Cardiac Rehabilitation Services - Intensive	Referral may be required.	Referral is **not** required.
Chiropractic Services	Referral may be required.	Referral is **not** required.
Diabetes Self-Management Training	Referral may be required.	Referral is **not** required.
Diagnostic Radiological Services	Referral may be required.	Referral is **not** required.
Dialysis Services	Referral may be required.	Referral is **not** required.
Digital Rectal Exam – (Medicare covered)	Referral may be required.	Referral is **not** required.

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	2023 (this year)	2024 (next year)
Medicare-covered EKG following welcome visit	Referral may be required.	Referral is **not** required.
Glaucoma Screening	Referral may be required.	Referral is **not** required.
Healthy foods card Medicare approved Wellcare to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.	You receive an allowance of $50 every month to spend on eligible grocery products at participating retailers. This allowance does not carry over to the next month.	The Healthy foods card is now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information.
Hearing services - Additional routine hearing exams and hearing Aid Fitting/Evaluation(s)	Referral may be required.	Referral is **not** required.
Home health agency care	Referral may be required.	Referral is **not** required.
Inpatient Hospital Care	Referral may be required.	Referral is **not** required.

	2023 (this year)	2024 (next year)
Kidney Disease Education	Referral may be required.	Referral is **not** required.
Meals - Chronic (limitations and exclusions apply)	You pay a **$0 copay** for chronic meals. There is a maximum of 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit may be received for up to 3 months. Referral may be required.	Chronic Meals are **not** covered.

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	2023 (this year)	2024 (next year)
Non-Emergency Medical Transportation (to/from plan-approved health-related locations)	You pay a **$0 copay** for 48 trips every year. A trip is considered one-way transportation by taxi, rideshare services or van to a plan approved health-related location. Trips are limited to 75 miles one-way. You must call 72 hours in advance to schedule a trip. Your Medi-Cal benefits will cover you once the Medicare plan offered benefit is exhausted.	You pay a **$0 copay** for 24 trips every year. Trips are limited to 4 one-way trips per day by taxi, rideshare services or van to a plan approved health-related location. Trips are limited to 75 miles one-way unless approved by the Plan in advance. **Your unlimited Medi-Cal benefits will cover you once the Medicare plan offered benefit is exhausted.**
Occupational Therapy	Referral may be required.	Referral is **not** required.
Other Healthcare Professionals	Referral may be required.	Referral is **not** required.
Outpatient Blood Services	Referral may be required.	Referral is **not** required.
Outpatient Hospital Observation	Prior Authorization may be required.	Prior Authorization is **not** required.

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	2023 (this year)	2024 (next year)
Outpatient Hospital Surgery	Referral may be required.	Referral is **not** required.
Outpatient X-ray Services	Referral may be required.	Referral is **not** required.
Over-the-counter items	You pay a **$0 copay**. You receive a benefit of $220 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does not carry over to the next period.	Over-the-counter items are now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information.
Physical Therapy and Speech Language Pathology Services	Referral may be required.	Referral is **not** required.
Podiatry Services	Referral may be required.	Referral is **not** required.
Pulmonary rehabilitation services	Referral may be required.	Referral is **not** required.

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	2023 (this year)	2024 (next year)
Specialist Office Visits	Referral may be required.	Referral is **not** required.
Special Supplemental Benefits for Chronically Ill (SSBCI) - Utility Assistance Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. You must meet eligibility guidelines for the following plan benefits.	Utility Assistance: You pay a **$0** copay. If eligible, the plan offers a prepaid Visa debit card with a limit of $75 per month to help cover the cost of utilities for your home. Any unused Utility Assistance benefit dollars will expire at the end of each month. The approved utility services for this benefit include: -Electric, gas, sanitary, and water utilities -Landline telephone service -Cable TV service -Certain petroleum expenses Benefit requires member to meet eligibility and participation guidelines.	Utility Assistance is **not** covered under SSBCI. Because our plan participates in the Value Based Insurance Design Program (VBID), Utility Assistance is now covered under Wellcare Spendables™. Please see the Wellcare Spendables™ section in this chart for more information. Benefit does not require member to meet eligibility and participation guidelines.

	2023 (this year)	2024 (next year)
Supervised Exercise Therapy (SET)	Referral may be required.	Referral is **not** required.
Therapeutic Radiological Services	Referral may be required.	Referral is **not** required.
Vision care – (routine eye exam)	Referral may be required.	Referral is **not** required.
Vision care – (routine eyewear)	Up to a $400 allowance every year for unlimited contacts, glasses, lenses and/or frames. Referral may be required.	Up to a $300 allowance every year for unlimited contacts, glasses, lenses and/or frames. Referral is **not** required.
Wellcare Spendables™ **(This section is continued on the next page)**	The Wellcare Spendables™ card is **not** covered.	You pay a **$0** copay. You receive a **$75** monthly allowance to be used towards any of the benefits described below. The allowance will be automatically loaded onto your Wellcare Spendables™ card at the beginning of each month. Any unused allowance amount will roll over into the next month and will expire at the end of every year.

	2023 (this year)	2024 (next year)
Wellcare Spendables™ **(This section is continued on the next page)**		You can use the amount on this card for any of the following as you best see fit for your needs if it does not exceed the maximum balance on the card. **Over-the-Counter items (OTC)** You can use your Wellcare Spendables™ card on plan-approved over-the-counter items. Your card can be used at participating retail locations, online or via mobile app for home delivery. **Medicare approved Wellcare to provide the following benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.** Because your plan participates in the Value-Based Insurance Design Program, you can also use your Wellcare Spendables allowance towards any of the below benefits:

	2023 (this year)	2024 (next year)
Wellcare Spendables™ **(This section is continued on the next page)**		**Gas (pay at the pump)** You can use your Wellcare Spendables™ card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used to pump gas up to the available allowance amount. **Healthy Food** You can use your Wellcare Spendables™ card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include: • Meat and poultry • Fruits and vegetables • Nutritional drinks • And more

	2023 (this year)	2024 (next year)
Wellcare Spendables™		**Utility Assistance** You can use your Wellcare Spendables™ card to help pay for plan approved utilities for your home including: -Electric, gas, sanitary/trash, and water utilities services -Landline and cell phone service -Internet service -Cable TV (excluding streaming services) -Certain petroleum expenses, such as home heating oil **Rent Assistance** You can use your Wellcare Spendables™ card to help with the cost of rent for your home.
Worldwide Emergency Coverage	You pay a **$95 copay** for each covered service. You are covered for up to $50,000 every year for emergency and urgently needed services outside the United States.	You pay a **$100 copay** for each covered service. You are covered for up to $50,000 every year for emergency and urgently needed services outside the United States.

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	2023 (this year)	2024 (next year)
Worldwide Urgent Care Coverage	You pay a **$95 copay** for each covered service. You are covered for up to $50,000 every year for emergency and urgently needed services outside the United States.	You pay a **$100 copay** for each covered service. You are covered for up to $50,000 every year for emergency and urgently needed services outside the United States.

E2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.wellcare.com/healthnetCA. You may also call Member Services at the numbers at the bottom of the page 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, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there are 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 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. To learn what you must do to ask for an exception, refer to Chapter 9, section F of the 2024 Member Handbook or call Member Services.
        - 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. Refer to the approval letter you received. The approval letter includes information about your specific drug approval limits and the date the drug coverage will end. If we decide to not renew your approval, we will send you a new letter at least 60 days prior to

the end of the year. This letter will include when the specific drug exception approval will end and how to ask for an exception. To learn what you must do to ask for an exception, refer to Chapter 9, section F of the 2024 Member Handbook or call Member Services.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

The following table shows your costs for all covered Part D drugs.

	2023 (this year)	2024 (next year)
All Covered Part D Drugs Cost for a one-month supply of a covered Part D drug that is filled at a network pharmacy Medicare approved Health Net Community Solutions, Inc. to provide lower copayments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.	Your copay for a one-month (30-day) supply is **$0 per prescription**.	Your copay for a one-month (30-day) supply is **$0 per prescription**.

F. Administrative changes

	2023 (this year)	2024 (next year)
Your plan is changing	You are a member of H0562-121, Wellcare Dual Liberty (HMO D-SNP) (HMO D-SNP).	You are a member of H3561-007, Wellcare CalViva Health Dual Align (HMO D-SNP) and CalViva Health for your Medi-Cal Plan).

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	2023 (this year)	2024 (next year)
Pharmacy Benefit Manager (PBM) Change Health Net Community Solutions, Inc. partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2024 plan year is changing to Express Scripts®. You will receive an updated Health Plan ID Card. **Please begin using your updated ID card on 1/1/24.** To ensure your pharmacy has your most up to date information, **please show your new Health Plan ID Card when you fill a prescription for the first time on or after 1/1/24.** If you don't have your new ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information. If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.	CVS Caremark	Express Scripts®

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2024.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual 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.

There may be other situations when you are 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**
- if you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:	**Here is what to do:**
Another Medicare health plan, including another Medicare Medi-Cal Plan	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. 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 8:00 a.m. to 5:00 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 will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan may change.

2. You can change to:	**Here is what to do:**
Original Medicare with a separate Medicare prescription drug plan	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. 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 8:00 a.m. to 5:00 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 will automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan will not change.

3. You can change to: **Original Medicare without a separate Medicare prescription drug plan** **NOTE**: 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. 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 www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.	**Here is what to do:** 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. 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 8:00 a.m. to 5:00 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 will automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan will not change.

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 8:00 a.m. to 6:00 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.

H. Getting help

H1. 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.

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 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2024 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.wellcare.com/healthnetCA. 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 2024.

Our website

You can visit our website at www.wellcare.com/healthnetCA. 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*).

H2. 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 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/Programs_and_Services/Medicare_Counseling/.

H3. Ombuds Program

The Medicare Medi-Cal Ombuds 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 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.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-888-804-3536.

H4. Medicare

To get information directly from Medicare, 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). 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 2024

You can read the *Medicare & You 2024* 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), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

H5. California Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at 1-833-236-2366 (TTY: 711) and use your health plan's grievance process before contacting the department. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. 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 department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.