



Summary of Benefits

With TotalCare, you get more than just health coverage - you get a local team on your side. Our plan coordinates your Medicare and Medi-Cal services, offers low or no-cost care and includes extra benefits and support to help you stay healthy.

TotalCare (HMO D-SNP)

Medicare Advantage and Part D | Dual-eligible Special Needs Plan

Plan Year: January 1 – December 31, 2026

Mariposa, Merced, Monterey, San Benito, Santa Cruz Counties, CA

H5692_001

Introduction

This document is a brief summary of the benefits and services covered by TotalCare (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of TotalCare (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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TotalCare (HMO D-SNP) | 2026 Summary of Benefits

A. Disclaimers



This is a summary of health services covered by TotalCare (HMO D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can contact Member Services at the phone number listed at the bottom of this page to request a printed copy of your *Member Handbook*. You can also access your *Member Handbook* on the TotalCare (HMO D-SNP) website listed on the bottom of this page.

- ❖ TotalCare (HMO D-SNP) is a Medicare Advantage plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in TotalCare depends on contract renewal. TotalCare is the trade name of Central California Alliance for Health. TotalCare is a registered trademark of the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission, a California public entity, operating as Central California Alliance for Health.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English

ATTENTION: If you need help in your language call 1-833-530-9015 (TTY: 1-800-735-2929 (Dial 711)). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-833-530-9015 (TTY: 1-800-735-2929 (Dial 711)). These services are free of charge.

If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.thealliance.health/totalcare.

تغيير عا (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-833-530-9015 (TTY: 1-800-735-2929; 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة

بطريقة بريـل والخط الكبير. اتصل بـ 1-833-530-9015 (TTY: 1800-735-2929; 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՌԻՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-833-530-9015 (TTY: 1-800-735-2929; 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կտրվածք: Չանգահարեք 1-833-530-9015 (TTY: 1-800-735-2929; 711): Այդ ծառայություններն անվճար են:

ប្រាសាទល្អជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-833-530-9015 (TTY: 1-800-735-2929; 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-833-530-9015 (TTY: 1-800-735-2929; 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-833-530-9015 (TTY: 1-800-735-2929; 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-833-530-9015 (TTY: 1-800-735-2929; 711)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-735-2929; (TTY: 711) 1-833-530-9015 تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با

1-800-735-2929; (TTY: 711) 1-833-530-9015 تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-833-530-9015 (TTY: 1-800-735-2929; 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-530-9015 (TTY: 1-833-735-2929; 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-833-530-9015 (TTY:

1-800-735-2929; 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-833-530-9015 (TTY: 1-800-735-2929; 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-833-530-9015 (TTY: 1-800-735-2929; 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。 1-833-530-9015 (TTY: 1-800-735-2929; 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。

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If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The call is free. **For more information**, visit www.thealliance.health/totalcare.

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-833-530-9015 (TTY: 1-800-735-2929; 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-833-530-9015 (TTY: 1-800-735-2929; 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-833-530-9015 (TTY: 1-800-735-2929; 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-833-530-9015 (TTY: 1-800-735-2929; 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-833-530-9015 (TTY: 1-800-735-2929; 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 1-833-530-9015 (TTY: 1-800-735-2929; 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-833-530-9015 (TTY: 1-800-735-2929; 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-833-530-9015 (TTY: 1-800-735-2929;

711). ਸਿਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-833-530-9015 (линия ТТУ: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-833-530-9015 (линия ТТУ: 1-800-735-2929; 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-833-530-9015 (TTY: 1-800-735-2929 ; 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-833-530-9015 (TTY: 1-800-735-2929; 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-833-530-9015 (TTY: 1-800-735-2929; 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-833-530-9015 (TTY: 1-800-735-2929; 711). Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-833-530-9015 (TTY: 1-800-735-2929; 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-833-530-9015 (TTY: 1-800-735-2929; 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-833-530-9015 (TTY: 1-800-735-2929; 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-833-530-9015 (TTY: 1-800-735-2929; 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-833-530-9015 (TTY: 1-800-735-2929; 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 chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-833-530-9015 (TTY: 1-800-735-2929; 711). Các dịch vụ này đều miễn phí.

- ❖ This document is available for free in Hmong and Spanish.
- ❖ You can request to receive your materials in another language and/or alternate format at any time. We will keep your preference indefinitely, or until you request to change it again. To receive this document in a language other than English and/or in an alternate format, please contact member services **833-530-9015** (TTY: 800-735-2929 (Dial 711)), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in TotalCare (HMO D-SNP) that I get now?	<p>You'll get most of your covered Medicare and Medi-Cal benefits directly from TotalCare (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in TotalCare (HMO D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that TotalCare (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for TotalCare (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>
Can I use the same doctors I use now? (continued on the next page)	<p>Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with TotalCare (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in TotalCare (HMO D-SNP)'s network. If you use providers or pharmacies that

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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	<p>aren't in our network, the plan may not pay for these services or drugs.</p> <ul style="list-style-type: none"> • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of TotalCare (HMO D-SNP)'s plan. • If you're currently under treatment with a provider that's out of TotalCare (HMO D-SNP)'s network or have an established relationship with a provider that's out of TotalCare (HMO D-SNP)'s network, call Member Services to check about staying connected and ask for continuity of care. <p>To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read TotalCare (HMO D-SNP)'s Provider and Pharmacy Directory on the plan's website at www.thealliance.health/totalcare.</p> <p>TotalCare (HMO D-SNP) will work with you to develop an Individualized Care Plan (ICP) to address your needs.</p>
What's a TotalCare (HMO D-SNP) care coordinator?	A TotalCare (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.

If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.thealliance.health/totalcare.

Frequently Asked Questions	Answers
What happens if I need a service but no one in TotalCare (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, TotalCare (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where is TotalCare (HMO D-SNP) available?	The service area for this plan includes: Mariposa, Merced, Monterey, San Benito, and Santa Cruz Counties, CA. You must live in one of these areas to join the plan.
What's prior authorization?	<p>Prior authorization means an approval from TotalCare (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. TotalCare (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. TotalCare (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from TotalCare (HMO D-SNP) before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
What's a referral?	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, TotalCare (HMO D-SNP) may not cover the services. TotalCare (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.</p>

If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.thealliance.health/totalcare.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under TotalCare (HMO D-SNP)?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of TotalCare (HMO D-SNP)?	No. You don't pay deductibles in TotalCare (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of TotalCare (HMO D-SNP)?	There's no cost sharing for medical services in TotalCare (HMO D-SNP), so your annual out-of-pocket costs will be \$0.

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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Our plan covers 90 days for an inpatient hospital stay. Prior authorization may be required Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.
	Doctor or surgeon care	\$0	Doctor and surgeon care is provided as part of your hospital stay.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	You must go to network doctors, specialists, and hospitals. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.
	Specialist care	\$0	You must go to in-network doctors, specialists, and hospitals. Referral may be required

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued from previous page)	Wellness visits, such as a physical	\$0	Annual Wellness Visit every 12 months.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	You must see one of our network providers.
	"Welcome to Medicare" (preventive visit one time only)	\$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an annual wellness visit. After your first 12 months, you can get one annual wellness visit every 12 months.
You need emergency care (continued on the next page)	Emergency room services	\$0	<p>This plan covers emergency room services, both in and out of network, and you do not need to obtain a referral or authorization prior to seeking medical care.</p> <p>In addition to the Medicare-covered emergency room services, this plan offers worldwide emergency care services when traveling outside of the United States and its territories for less than six months. Coverage is limited to \$50,000 per year for worldwide emergency services and urgent care. Please refer to your <i>Member Handbook</i> for more details.</p>
	Urgent care	\$0	<p>This plan covers urgently needed care services, both in and out of network, and you do not need to obtain a referral or authorization prior to seeking medical care.</p> <p>In addition to the Medicare-covered urgent care services, this plan offers urgently needed services when traveling outside of the United States and its territories for less</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from previous page)			than six months. Coverage is limited to \$50,000 per year for worldwide emergency services and urgent care. Please refer to your <i>Member Handbook</i> for more details.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required (except for X-rays). Referral may be required for X-rays.
	Lab tests and diagnostic procedures, such as blood work	\$0	Referral may be required.
You need hearing/auditory services	Hearing screenings	\$0	Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. Referral may be required.
	Hearing aids	\$0	Covered if prescribed by a physician or other qualified provider. Referral may be required.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	Certain dental services are available through Medi-Cal Dental. More information is on the SmileCalifornia.org website. You can find information about this plan's dental benefits in your <i>Member Handbook</i> . Additional dental benefits are available through Medi-Cal:

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			www.dhcs.ca.gov/services/Pages/MediCalDental.aspx
	Restorative and emergency dental care	\$0	<p>This plan covers restorative and emergency care.</p> <p>You can find information about this plan's dental benefits in your <i>Member Handbook</i>. Additional dental benefits are available through Medi-Cal:</p> <p>www.dhcs.ca.gov/services/Pages/MediCalDental.aspx</p>
You need eye care	Eye exams	\$0	Routine eye exam (up to 1 every year).
	Glasses or contact lenses	\$0	Up to \$350 every 2 years for eyeglasses (lenses and frames) or contact lenses.
	Other vision care	\$0	<p>Exam to diagnose and treat diseases and conditions of the eyes (including yearly glaucoma screening).</p> <p>Referral may be required.</p>
You need mental health services (continued on the next page)	Mental health services	\$0	<p>Coverage includes:</p> <ul style="list-style-type: none"> • Individual therapy • Group therapy • Family Therapy • Psychiatric consultation • Psychological and neuropsychological testing when clinically indicated to evaluate a mental health condition. <p>Prior authorization and referral may be required. Please refer to your <i>Member Handbook</i> for more details.</p>

If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.thealliance.health/totalcare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services (continued from previous page)</p>	<p>Inpatient and outpatient care and community-based services for people who need mental health services</p>	<p>\$0</p>	<p>Our plan covers up to 190 days for inpatient mental health care in a psychiatric hospital. The inpatient hospital limitation does not apply to inpatient mental health services provided in a general hospital.</p> <p>After 190 days, the local county mental health agency will coordinate authorization and pay for inpatient psychiatric services.</p> <p>You have access to medically necessary mental health services that Medicare and Medi-Cal cover. Our plan does not provide Medi-Cal specialty mental health or county substance use disorder services, but these services are available to you through county behavioral health agencies. Please refer to Section D below for more details.</p> <p>Prior authorization and referral may be required. Please refer to your <i>Member Handbook</i> for more details.</p>
<p>You need substance use disorder services</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>Your Medicare benefits cover Opioid Treatment Program Services. Through your Medi-Cal benefits you receive the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Treatment of drug abuse • Group or individual counseling by a qualified clinician <p>For details, please refer to your <i>Member Handbook</i>.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization may be required. Our plan covers up to 100 days of skilled nursing facility (SNF) care within each benefit period.
	Nursing home care	\$0	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	You can get outpatient rehabilitation services from hospital outpatient departments, independent therapist offices, comprehensive outpatient rehabilitation facilities (CORFs), and other facilities. Authorization rules may apply. Requires a referral from your doctor.
You need help getting to health services	Ambulance services	\$0	Prior authorization applies to non-emergency ambulance transport services.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	Round trip transportation provided to plan approved locations. This benefit allows for transportation to medical services by passenger car, taxi, or other forms of public/private transportation. Prior authorization is required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Some Part B drugs require Prior Authorization.
	Medicare Part D drugs	For a 30-day supply:	There may be limitations on the types of drugs covered. Please refer to TotalCare (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.
	Tier 1: Preferred Generic	\$0	Once you or others on your behalf pay \$2,100, you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. Extended-day supplies up to 100 days are available at retail and/or mail order pharmacy locations. A 100-day supply has the same copay as a one-month supply.
	Tier 2: Generic	\$1.60 - \$4.90	
	Tier 3: Preferred Brand	\$1.60 - \$4.90	
	Tier 4: Non-preferred	\$1.60 - \$4.90	
	Tier 5: Specialty	\$1.60 - \$4.90	
	Tier 6: Select Care	\$0	
		Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to TotalCare's

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			<p><i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Our plan also covers OTC products without a prescription through the Flex Card program. Please see the <i>Additional Services</i> section of this table for more information.</p>
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization and referral may be required.
	Medical equipment for home care	\$0	Prior authorization and referral may be required.
	Dialysis services	\$0	<p>Dialysis in a center or in the home is covered when prescribed by a licensed provider.</p> <p>Out of Area Dialysis (provided outside of your county but in the United States) is covered with prior approval, when the Medicare licensed center has space and enough information about you to give you the right treatment. Your care manager and your dialysis center social worker will help you locate a dialysis center when you are traveling.</p>
You need foot care	Podiatry services	\$0	<p>Diagnosis and medical or surgical treatment of injuries and diseases of the foot.</p> <p>Routine foot care for members with conditions affecting the legs, such as diabetes.</p> <p>Requires a referral from your doctor.</p>
	Orthotic services	\$0	Prior authorization and referral may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook.	Wheelchairs, crutches, and walkers	\$0	<p>Provided when medically necessary and prescribed by a licensed provider.</p> <p>Prior authorization and referral may be required.</p>
	Nebulizers	\$0	<p>Provided when medically necessary and prescribed by a licensed provider.</p> <p>Prior authorization and referral may be required.</p>
	Oxygen equipment and supplies	\$0	<p>Provided when medically necessary and prescribed by a licensed provider.</p> <p>Prior authorization and referral may be required.</p>
You need help living at home (continued on the next page)	Home health services	\$0	<p>Prior authorization and referral may be required.</p>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>The In-Home Supportive Services (IHSS) Program will help pay for services provided to you so that you can remain safely in your own home. Contact your care manager to get information on how to access these services.</p> <p>Prior authorization and referral may be required.</p> <p>For home modifications: please refer to your <i>Member Handbook</i> for details.</p>
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	<p>Contact your care manager to get information on how to access CBAS and adult day health services.</p> <p>Prior authorization and referral may be required.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			For other support services: please refer to your <i>Member Handbook</i> for details.
	Day habilitation services	\$0	<p>These services are covered under CBAS (above).</p> <p>Prior authorization and referral may be required.</p> <p>Please refer to your <i>Member Handbook</i> for more details.</p>
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	<p>In-Home Supportive Services (IHSS) helps you stay safely in your home. If you qualify, you can get help with everyday tasks like bathing, getting dressed, cooking meals, and housecleaning. A caregiver you choose—like a family member or friend—can provide these services. The county must approve the help you get [from this person]. To learn more about or to apply for IHSS, call your care manager at 800-700-3874, ext. 5512 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m.</p> <p>Prior authorization and referral may be required.</p> <p>Please refer to your <i>Member Handbook</i> for more details.</p>
Additional services (continued on the next page)	Chiropractic services	\$0	Prior authorization and referral may be required.
	Diabetes supplies and services	\$0	<p>Prior authorization is required.</p> <p>Some limitations may apply. Please refer to your <i>Member Handbook</i> for more details.</p>
	Prosthetic services	\$0	Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	Radiation therapy	\$0	Prior authorization and referral may be required.
	Services to help manage your disease	\$0	Please refer to your <i>Member Handbook</i> for more details.
	California Integrated Care Management (CICM)	\$0	<p>Your care manager will work with you and your providers to create a care plan that matches your health goals and supports your medical, mental health, and everyday needs.</p> <p>You may be automatically enrolled in CICM if you are part of one or more of these groups:</p> <ul style="list-style-type: none"> • You were recently in the hospital or a nursing home • You've gone to the emergency room or hospital many times • You don't have stable housing or are experiencing homelessness • You have a serious mental illness (SMI) or substance use disorder (SUD) • You have a learning or developmental disability • You have more than one ongoing health problem (like diabetes or heart disease) • You get long-term care services and supports at home (like In-Home Supportive Services) • You are very weak, get palliative care, or might need to move into a nursing home
	Fitness	\$0	Fitness support, through the Silver&Fit® program, provides virtual and live services including digital workout plans and video

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			library, a home fitness kit, and access to a large network of fitness centers. <i>The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a trademark of ASH and used with permission herein. Fitness center participation may vary by location and is subject to change. Kits are based on availability and subject to change.</i>
	Flex Card	\$0	A flexible spending card with a \$100 allowance per quarter for over-the-counter (OTC) products like first aid supplies, pain relievers, cough and cold remedies, dental products like toothpaste, incontinence products, eye and ear care, and more. <i>&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.</i>

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the TotalCare (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call TotalCare (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.thealliance.health/totalcare.

D. Benefits covered outside of TotalCare (HMO D-SNP)

There are some services that you can get that aren't covered by TotalCare (HMO D-SNP) but are covered by Medicare, Medi-Cal, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.thealliance.health/totalcare.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<ul style="list-style-type: none"> • In Home Supportive Services • County specialty mental health and substance use disorder services • Waiver programs including the Assisted Living Waiver and Multipurpose Senior Services Program, and regional center services <p>Please contact your care manager to get information on eligibility and how to access these services.</p>	\$0
<p>Certain dental services</p> <ul style="list-style-type: none"> • Dental Managed Care (DMC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMC_MemberContactInformation. • For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at www.smilecalifornia.org or www.sonriecalifornia.org. 	\$0
Certain hospice care services covered outside of TotalCare (HMO D-SNP)	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

E. Services that TotalCare (HMO D-SNP), Medicare, and Medi-Cal don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services TotalCare (HMO D-SNP), Medicare, and Medi-Cal don't cover
Services not considered "reasonable and necessary" according to Medicare and Medi-Cal standards
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

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Services TotalCare (HMO D-SNP), Medicare, and Medi-Cal don't cover
Naturopath services (the use of natural or alternative treatments)
Erectile dysfunction medical equipment
In vitro fertilization (IVF), including but not limited to infertility studies or procedures to diagnose or treat infertility

F. Your rights as a member of the plan

As a member of TotalCare (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it

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- Ask for a second opinion. TotalCare (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Appeal certain decisions made by us or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call TotalCare (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think TotalCare (HMO D-SNP) improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may also submit a complaint in writing to:

If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.thealliance.health/totalcare.

Grievance Unit
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066

You can also submit a complaint or appeal online by going to our website:
www.thealliance.health/totalcare/member-resources/file-a-grievance-or-appeal/.

You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call TotalCare (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at TotalCare (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

If you have questions, please call TotalCare (HMO D-SNP) at 833-530-9015 (TTY: 800-735-2929 (Dial 711)) 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.thealliance.health/totalcare.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call TotalCare (HMO D-SNP) Member Services:

833-530-9015

Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 800-735-2929 (Dial 711)

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call TotalCare (HMO D-SNP)'s 24/7 Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. The numbers for the 24/7 Nurse Advice Line are: 844-971-8907 (TTY: 711). Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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If you need immediate behavioral health care, please call 988. Calls to this number are free, 24/7, 365.

You can also call Member Services toll-free access line 24 hours a day, 7 days a week: 833-530-9015 (TTY: 800-735-2929 (Dial 711)).

We can give you information about behavioral health providers near you who are accepting new patients and can help you schedule an appointment if you want.

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