



Summary of Benefits

Ventura County **2026**



Introduction

This document is a brief summary of the benefits and services covered by Gold Coast Health Plan Total Care Advantage (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 Total Care Advantage. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.



If you have questions, please call Total Care Advantage at **1-888-301-1228 (TTY: 711)**, 8 a.m. - 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. - 8 p.m., Monday through Friday from April 1 through Sept. 30. The call is free. **For more information**, visit www.goldcoasthealthplan.org.



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If you have questions, please call Total Care Advantage at **1-888-301-1228 (TTY: 711)**, 8 a.m. - 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. - 8 p.m., Monday through Friday from April 1 through Sept. 30. The call is free. **For more information**, visit www.goldcoasthealthplan.org.

A. Disclaimers



This is a summary of health services covered by Total Care Advantage for Jan. 1, 2026 through Dec. 31, 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can find our 2026 *Member Handbook* on our website at www.goldcoasthealthplan.org. You can also call our Member Services Department at **1-888-301-1228** (TTY: **711**).

Total Care Advantage is a Health Maintenance Organization (HMO) Dual Special Needs Plan (D-SNP) with a Medicare and Medi-Cal contract. Enrollment in Total Care Advantage depends on contract renewal.

Total Care Advantage complies with applicable federal and State civil rights laws and don't discriminate on the basis of race, color, national origin, age, disability, or sex.

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**), 24 hours a day, 7 days a week. 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.



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

English

ATTENTION: If you need help in your language call **1-888-301-1228 (TTY: 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-301-1228 (TTY: 711)**. These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-888-301-1228 (TTY: 711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-888-301-1228 (TTY: 711)**. هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-888-301-1228 (TTY: 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-888-301-1228 (TTY: 711)**: Այդ ծառայություններն անվճար են:



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ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម
ទូរស័ព្ទទៅលេខ **1-888-301-1228 (TTY: 711)**។ ជំនួយ និង
សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ
សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ
ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-888-301-1228**
(TTY: 711) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电
1-888-301-1228 (TTY: 711)。我们另 外还提供针对残疾人士的
帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致
电 **1-888-301-1228 (TTY: 711)**。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-888-301-1228**
(TTY: 711) تماس بگیرید که ها و خدمات مخصوص افراد دارای معلولیت، مانند
نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با
1-888-301-1228 (TTY: 711) تماس بگیرید این خدمات رایگان ارائه می‌شوند.



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हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-888-301-1228 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-301-1228 (TTY: 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 **1-888-301-1228 (TTY: 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 **1-888-301-1228 (TTY: 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 **1-888-301-1228 (TTY: 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。**1-888-301-1228 (TTY: 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。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-301-1228 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-301-1228 (TTY: 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



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ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບ
1-888-301-1228 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ

ເຊນເອກະສານທບປະກອບມາແລະມີຕາມໃຫຍ່ ໃຫ້ໂທຫາເບ
1-888-301-1228 (TTY: 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 **1-888-301-1228 (TTY: 711).** Liouh lorx jauv-
 louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic
 fangx mienh, beiv taux longc benx nzangc-pokc bun hluc
 mbiutc aengx caux aamz mborqv benx domh sou se mbenc
 nzaih bun longc. Douc waac daaih lorx **1-888-301-1228 (TTY:
 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 **1-888-301-1228 (TTY: 711)**. ਅਪਾਹਜ਼ੋਂ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-888-301-1228 (TTY: 711)**. ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



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Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-301-1228** (линия ТТΥ: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-301-1228** (линия ТТΥ: **711**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1-888-301-1228** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-301-1228** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-301-1228** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-301-1228** (TTY: **711**). Libre ang mga serbisyonang ito.



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ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-301-1228 (TTY: 711)** นอกจากนี้ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-301-1228 (TTY: 711)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-301-1228 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-888-301-1228 (TTY: 711)**. Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-301-1228 (TTY: 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 **1-888-301-1228 (TTY: 711)**. Các dịch vụ này đều miễn phí.



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This document is available for free in Spanish.

If you ask to get mailings in a different language or format, that's how you'll get your mailings from now on. You won't have to ask again unless you want to switch back to English. To make a change to a standing request, call the number listed at the bottom of this page.



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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 Total Care Advantage that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from Total Care Advantage. 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. When you enroll in Total Care Advantage, 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. If you are taking any Medicare Part D prescription drugs that Total Care Advantage 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 Total Care Advantage to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.



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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued on the next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Total Care Advantage and have a contract with us, you can keep going to them. - 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 Total Care Advantage’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. - If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Total Care Advantage’s plan. Total Care Advantage covers urgently needed and emergency care when you’re away from home or outside of the U.S. You’re covered for urgently needed and emergency services that the plan covers worldwide up to \$100,000 per year. You can refer to Chapter 3 in your <i>Member Handbook</i> for a detailed description of the worldwide urgently needed and emergency care services. - If you’re currently under treatment with a provider that’s out of Total Care Advantage’s network or have an established relationship with a provider that’s out of Total Care Advantage’s network, call Member Services to check about staying connected and ask for continuity of care. - If you’re new to Total Care Advantage, you can keep using the doctors you use now for up to 12 months if they aren’t in our network. We call this Continuity of Care (COC). You, your representative, or your provider can ask us to let you keep using your current provider if all of the following circumstance exist: » You have an existing relationship with the out-of-network primary or specialty care provider. This means that you saw an out-of-network provider at least once during the 12 months before the date of your initial enrollment to our plan.



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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	» We'll determine an existing relationship by reviewing your health information or information you give us. » We have 30 days to respond to your request. You can ask us to make a faster decision in your medical condition requires more immediate attention, such as upcoming appointments or pressing needs. In this case we must respond in 15 days. 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 Total Care Advantage's <i>Provider and Pharmacy Directory</i> on the plan's website at www.goldcoasthealthplan.org. If Total Care Advantage is new for you, we'll work with you to develop a care plan to address your needs.
What's a Total Care Advantage care coordinator?	A Total Care Advantage 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.
What happens if I need a service but no one in Total Care Advantage'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, Total Care Advantage will pay for the cost of an out-of-network provider. Prior authorization is required.
Where's Total Care Advantage available?	The service area for this plan includes: Ventura County, Calif. You must live in this area to join the plan.



If you have questions, please call Total Care Advantage at **1-888-301-1228 (TTY: 711)**, 8 a.m. - 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. - 8 p.m., Monday through Friday from April 1 through Sept. 30. The call is free. **For more information**, visit www.goldcoasthealthplan.org.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Total Care Advantage to seek services outside of our network or to get services not routinely covered by our network before you get the services. Total Care Advantage may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Total Care Advantage can provide you or your provider with a list of services or procedures that require you to get prior authorization from Total Care Advantage 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.
What's a referral?	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, Total Care Advantage may not cover the services. Total Care Advantage can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Total Care Advantage?	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 Total Care Advantage?	No. You don't pay deductibles in Total Care Advantage.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Total Care Advantage?	There's no cost sharing for medical services in Total Care Advantage, 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	You're covered for an unlimited number of days for an inpatient hospital stay. Requires a referral and prior authorization from your doctor and medical group / clinic.
	Doctor or surgeon care	\$0	Doctor or surgeon care is covered within your hospital stay.
	Outpatient hospital services, including observation	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.
	Ambulatory surgical center (ASC) services	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	You must get your care from your doctor in the Total Care Advantage network.
	Specialist care	\$0	You must get your care from a specialist in the Total Care Advantage network. Requires a referral from your doctor and medical group / clinic.
	Wellness visits, such as a physical	\$0	You're covered for one annual physical and one wellness visit per year.



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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)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Certain screenings and immunizations require a referral and prior authorization from your doctor and medical group / clinic.
	“Welcome to Medicare” (preventive visit one time only)	\$0	You’re covered for one visit only.
You need emergency care	Emergency room services	\$0	Emergency room services are covered out-of-network and without prior authorization. Emergency room services are also covered when you’re traveling outside the U.S. up to \$100,000 per year.
	Urgent care	\$0	Urgent care services are covered out-of-network and without prior authorization. Urgent care services are also covered when you’re traveling outside the U.S. up to \$100,000 per year.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.
	Lab tests and diagnostic procedures, such as blood work	\$0	Requires a referral from your doctor and medical group / clinic.



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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 hearing / auditory services	Hearing screenings	\$0	Requires a referral from your doctor and medical group / clinic.
	Hearing aids	\$0	Supplemental You're covered for: • One routine hearing exam per year with a TruHearing provider • Up to two select hearing aids every year. • Unlimited hearing aid fittings within the first 12 months of receipt of hearing aids.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	Starting July 1, 2026 Medi-Cal covers dental check-ups and preventive care for: • Members who are eligible for federal full-scope Medi-Cal • Members who are not eligible for federal full-scope Medi-Cal and meet at least one of the 3 exceptions below: » Under age 19; » Designated by the county as pregnant (and up to one year after pregnancy ends); and/or » Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday. Visit https://dental.dhcs.ca.gov/ to learn about your Medi-Cal Dental benefits.



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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)	Restorative and emergency dental care	\$0	Starting July 1, 2026 Medi-Cal covers dental check-ups and preventive care for: • Members who are eligible for federal full-scope Medi-Cal • Members who are not eligible for federal full-scope Medi-Cal and meet at least one of the 3 exceptions below: » Under age 19; » Designated by the county as pregnant (and up to one year after pregnancy ends); and/or » Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday. Medi-Cal covers emergency dental care for all members. Visit https://dental.dhcs.ca.gov/ to learn about your Medi-Cal Dental benefits.
You need eye care (continued on the next page)	Eye exams	\$0	Medically necessary To diagnose and treat diseases and conditions of the eye (including a yearly glaucoma screening) Requires a referral from your doctor and medical group / clinic. Supplemental Routine eye exam: You're covered for one visit per year.



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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 eye care (continued)	Glasses or contact lenses	\$0	Medically necessary One pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery. Supplemental Up to \$350 for frames or contact lenses every year.
	Other vision care	\$0	
You need mental health services	Mental health services	\$0	You're covered for the following services: • Outpatient treatment (individual and group sessions) with a health care professional • Outpatient treatment (individual and group sessions) with a psychiatrist • Residential treatment services • Specialty mental health services (SMHS) through Ventura County Behavioral Health. Requires a referral and prior authorization from your doctor and medical group / clinic.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	You're covered for an unlimited number of days at an inpatient mental health hospital as medically necessary. Requires a referral and prior authorization from your doctor and medical group / clinic.



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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 substance use disorder services	Substance use disorder services	\$0	You're covered for the following services: • Outpatient treatment (individual and group sessions) with a health care professional • Residential treatment • Medicines to treat substance use disorders • County-provided substance use disorder services. Some services may require a referral and prior authorization from your doctor and medical group / clinic.
You need a place to live with people available to help you	Skilled nursing care	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.
	Nursing home care	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Some therapies may require a referral and prior authorization from your doctor and medical group / clinic.
You need help getting to health services (continued on the next page)	Ambulance services	\$0	Unlimited emergency transport from site of emergency to the nearest hospital. Non-emergency medical transportation is covered under specific criteria. Non-emergency ambulance requires a prior authorization from your doctor and medical group / clinic.



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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 getting health services (continued)	Emergency transportation	\$0	Coverage of emergency ambulance transport from the site of the emergency to the nearest hospital when traveling outside of the U.S.
	Transportation to medical appointments and services	\$0	You're covered for an unlimited number of rides to medical-related facilities and appointments. This includes trips to your: • Doctor's office. • Pharmacy. • Therapy appointments. You're also covered for up to 24 one-way trips per year to non-medically related facilities, such as: • Gyms • Senior centers • Grocery stores • Churches • Personal care salons You must meet Special Supplemental Benefits for the Chronically Ill (SSBCI) criteria to access non-medical transportation benefit. Non-medical transportation is limited to 30 mile maximum per one-way trip.
You need drugs to treat your illness or condition	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. Certain drugs require prior authorization from your medical group / clinic.



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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 next page)	Medicare Part D drugs Tier 1: Generic Brand	Tier 1: \$0 - \$5.10 for each generic drug for a 30-day supply. \$0 - \$12.65 for each brand-name drug for a 30-day supply. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Total Care Advantage's <i>List of Covered Drugs (Drug List)</i> for more information. 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 Member Handbook for more information on this stage. Some maintenance drugs are available for a 100-day supply. You'll pay the same copays for a 100-day supply as you do for a one-month supply.



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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)	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Total Care Advantage's <i>List of Covered Drugs (Drug List)</i> for more information. You're covered for Medi-Cal OTC drugs. Please visit the "Medi-Cal Rx Contract Drug List" for covered OTC drugs. You must have a prescription from your doctor to order covered OTC drugs. Certain OTC drugs require prior authorization from your medical group / clinic. You can find the "Medi-Cal Rx Contract Drug List" at https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf
You need help getting better or have special health needs	Rehabilitation services	\$0	Requires a referral from your doctor and medical group / clinic.
	Medical equipment for home care	\$0	Certain equipment requires prior authorization from your doctor and medical group / clinic.
	Dialysis services	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.
You need foot care	Podiatry services	\$0	Requires a referral from your doctor and medical group / clinic.
	Orthotic services	\$0	Requires prior authorization from your doctor and medical group / clinic.



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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 <i>Member Handbook</i>.	Wheelchairs, crutches, and walkers	\$0	Certain equipment requires prior authorization from your doctor and medical group / clinic.
	Nebulizers	\$0	Requires prior authorization from your doctor and medical group / clinic.
	Oxygen equipment and supplies	\$0	Requires prior authorization from your doctor and medical group / clinic.
You need help living at home (continued on the next page)	Home health services	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.



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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)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Limited benefit restricted to those with specific needs as determined by individual care plan. In-Home Support Services (IHSS) is available through the California Department of Social Services. For information contact the County of Ventura Social Services (IHSS) at 1-805-654-3236 IHSS services include, but aren't limited to: • Light housekeeping • Meal preparation • Bathing and dressing • Grocery shopping • Home modifications Total Care Advantage will help you coordinate IHSS services as needed. Requires prior authorization from Total Care Advantage.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Your case manager will help determine if you qualify for CBAS. Requires prior authorization from Total Care Advantage.
	Day habilitation services	\$0	Your case manager will help determine if you qualify for day habilitation services. Requires prior authorization from Total Care Advantage.



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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)	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Your case manager will help determine if you qualify for other services to help you stay independent in your home. Requires prior authorization from Total Care Advantage.
Additional services (continued on the next page)	Chiropractic services	\$0	Medically necessary chiropractic services are available to treat subluxation of the spine. Requires a referral and prior authorization from your doctor and medical group / clinic.
	Diabetes supplies and services	\$0	Requires prior authorization from your doctor and medical group / clinic.
	Prosthetic services	\$0	Requires prior authorization from your doctor and medical group / clinic.
	Radiation therapy	\$0	Requires a referral and prior authorization from your doctor and medical group / clinic.
	Services to help manage your disease	\$0	Your case manager will help you get the services you need.



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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)	California Integrated Care Management (CICM)	\$0	The Total Care Advantage team provides complex care management services to the most vulnerable members. The following list provides some of the services that may be available to you: • Enhanced care coordination to link members to community-based resources to assist in accessing care. • Encouraging and promoting balanced life-style and health choices. • Assisting with transitional care needs from hospital to home. • Providing supports to family members. To see if you're eligible for this service, please contact the number at the bottom of this page. We will connect you to a care management team member to assist you.

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 Total Care Advantage *Member Handbook*. If you don't have a *Member Handbook*, call Total Care Advantage 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.goldcoasthealthplan.org.



If you have questions, please call Total Care Advantage at **1-888-301-1228 (TTY: 711)**, 8 a.m. - 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. - 8 p.m., Monday through Friday from April 1 through Sept. 30. The call is free. **For more information**, visit www.goldcoasthealthplan.org.

D. Benefits covered outside of Total Care Advantage

There are some services that you can get that aren't covered by Total Care Advantage 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.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services: Dental Managed Care (DMC) member contact information can be found at www.dental.dhcs.ca.gov/Contact Us/DMC Member Contact Information/DMCMemberContactInformation . For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org or sonriecalifornia.org .	\$0
Certain hospice care services covered outside of Total Care Advantage	\$0
Community Supports (housing transitions, deposits, etc.)	\$0
Home and community-based services (HCBS)	\$0
In-home support services (IHSS)	\$0
Multipurpose senior services program (MSSP)	\$0
Psychosocial rehabilitation	\$0
Regional center services	\$0
Rest home room and board	\$0
Targeted case management	\$0
Ventura county behavioral health and substance use disorder services	\$0



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E. Services that Total Care Advantage, 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 Total Care Advantage, Medicare, and Medi-Cal don't cover	
Services considered not "reasonably and medically necessary"	According to Medicare and Medi-Cal standards or unless a covered service.
Experimental medical and surgical treatments	Unless Medicare, a Medicare-approved clinical research study, or Medi-Cal covers the service.
Elective or voluntary enhancement procedures	Including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance, except when medically necessary.
A private room in a hospital	Except when medically necessary
Private duty nurses	
Personal items in your room at a hospital or nursing facility, such as a telephone or television	
Full-time nursing care in your home	
Fees charged by your immediate relatives or members of your household.	
Cosmetic surgery or other cosmetic work	Unless it's needed because of an accidental injury.
Orthopedic shoes	Unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.



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Services Total Care Advantage, Medicare, and Medi-Cal don't cover	
Radial keratotomy, LASIK surgery	
Reversal of sterilization procedures	
Services provided to veterans in Veterans Affairs (VA) facilities	When a veteran gets emergency services at a VA hospital and the VA cost-sharing is more than the cost sharing under our plan, we'll reimburse the veteran for the difference.
Invitro fertilization (IVF)	Including, but not limited to: • Infertility studies • Procedures to diagnose or treat infertility • Fertility preservation
Vehicle modifications	
Drugs received outside the U.S. and its territories	
Dispatched paramedic fees (City or County)	Paramedic services are emergency medical treatments given at the scene by a paramedic.
Medical marijuana or cannabis-based products	



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F. Your rights as a member of the plan

As a member of Total Care Advantage, 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
 - » Ask for a second opinion. Total Care Advantage 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



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- » 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 Total Care Advantage 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 at **1-888-452-8609**, Monday through Friday, between 8:00 a.m. and 5:00 p.m.



If you have questions, please call Total Care Advantage at **1-888-301-1228 (TTY: 711)**, 8 a.m. - 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. - 8 p.m., Monday through Friday from April 1 through Sept. 30. The call is free. **For more information**, visit www.goldcoasthealthplan.org.

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

If you have a complaint or think Total Care Advantage 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 the address provided below. 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 Total Care Advantage Member Services at the numbers listed at the bottom of this page.

You can file a complaint to Total Care Advantage:

By phone: **1-888-301-1228 (TTY: 711)**

You can also request a Member Grievance & Appeals Form to mail

By mail: Complete a Member Grievance & Appeals Form and mail it to:

Total Care Advantage
Attn: Grievance and Appeals
P.O. Box 9176
Oxnard, CA 93031

Online: www.goldcoasthealthplan.org



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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 Total Care Advantage 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 Total Care Advantage at **1-888-301-1228 (TTY: 711)**, 8 a.m. - 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. - 8 p.m., Monday through Friday from April 1 through Sept. 30. The call is free. **For more information**, visit www.goldcoasthealthplan.org.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Total Care Advantage Member Services:

1-888-301-1228 (TTY: 711)

Calls to this number are free.

8 a.m. to 8 p.m., seven days a week from Oct. 1 through March 31

8 a.m. to 8 p.m., Monday through Friday from April 1 through Sept. 30

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

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 the Total Care Advantage 24-Hour Advice Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the 24-Hour Advice Nurse Line are:

1-877-431-1700 (TTY: 711)

Calls to this number are free. Available 24 hours per day, seven days per week.

If you need immediate behavioral health care, please call the Ventura County Behavioral Health Access / Crisis Line:

1-866-998-2243 (TTY: 711)

Calls to this number are free. Available 24 hours per day, seven days per week.

For everyday mental health support, call Carelon Behavioral Health at:

1-855-765-9702 (TTY: 1-800-735-2929)

Calls to this number are free. Available 24 hours per day, seven days per week.

For more information, call Total Care Advantage at **1-888-301-1228**. If you use a TTY, call **711**.

www.goldcoasthealthplan.org