

## IEHP DualChoice (HMO D-SNP) offered by Inland Empire Health Plan

# Annual Notice of Changes for 2024

## Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [www.iehp.org](http://www.iehp.org). Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

## Additional resources

- This document is available for free in Spanish, Chinese and Vietnamese.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.
- To make or change a standing request to receive materials in your preferred language or in an alternate format, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-877-273-IEHP (4347). Someone that speaks an alternate language can help you. This is a free service.
- **Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-273-4347 (TTY: 1-800-718-4347). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- **Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-273-4347 (TTY: 1-800-718-4347)。我们的中文工作人员很乐意帮助您。这是一项免费服务。
- **Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-273-4347 (TTY: 1-800-718-4347)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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- **Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-877-273-4347 (TTY: 1-800-718-4347). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
- **French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-273-4347 (TTY: 1-800-718-4347). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
- **Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-273-4347 (TTY: 1-800-718-4347) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .
- **German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-273-4347 (TTY: 1-800-718-4347). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- **Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-273-4347 (TTY: 1-800-718-4347)번으로 문의해 주십시오. 한국어를 하는 당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
- **Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-273-4347 (TTY: 1-800-718-4347). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
- **Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على 1-877-273-4347 (TTY: 1-800-718-4347) على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية سيقوم شخص ما يتحدث العربية.
- **Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-273-4347 (TTY: 1-800-718-4347) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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- **Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-273-4347 (TTY: 1-800-718-4347). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.
- **Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-273-4347 (TTY: 1-800-718-4347). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
- **French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-273-4347 (TTY: 1-800-718-4347). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- **Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-273-4347 (TTY: 1-800-718-4347). Ta usługa jest bezpłatna.
- **Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには 1-877-273-4347 (TTY: 1-800-718-4347) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。
- **Khmer:** យើងមានសេវាអ្នកបកប្រែភាសាខ្មែរ ដើម្បីឆ្លើយសំណួរអ្វីមួយដែលអ្នកអាចមានអំពីគំរោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីឱ្យបាន អ្នកបកប្រែ សូមហៅយើង លេខ 1-877-273-IEHP (4347)។ អ្នកណាម្នាក់ដែលនិយាយភាសាដទៃ អាចជួយអ្នកបាន។ សេវានេះ គឺឥតគិតថ្លៃ។
- **Armenian:** Մենք մեր առողջապահական կամ դեղերի ծրագրի մասին ունեցած հարցերին պատասխանելու համար ունենք բանավոր թարգմանչի ծառայություններ: Բանավոր թարգմանիչ ձեռք բերելու համար պարզապես զանգահարեք մեր 1-877-273-IEHP (4347) դամարով: Փոխարինող լեզվով խոսող մի անձ կարող է ձեզ օգնել: Սա անվճար ծառայություն է:
- **Laotian:** ພວກເຮົາມີບໍລິການນາຍພາສາພາສາລາວ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີ ກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ຕ້ອງການນາຍພາສາພາສາລາວ ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-877-273-IEHP (4347). ຜູ້ທີ່ເວົ້າພາສາອື່ນສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພາສາ.

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- **Hmong:** Peb muaj kev pab txhais lus pub dawb txhawm rau los teb cov nqe lus nug uas koj muaj ntsig txog pab txoj kev npaj kho mob los sis tshuaj. Yog xav tau ib tug neeg pab txhais lus ces tsuas yog hu rau pab ntwam tus xov tooj 1-877-273-IEHP (4347). Qee tus neeg uas hais tau lwm hom lus yuav tuaj yeem pab koj tau. Qhov no 4ogi b qho kev pab dawb xwb.
- **Mien:** Yie mbuo liepc duqv maaih faan waac mienh wangv-henh tengx dau waac bun muangx dongh haaix zanc meih qiex naaic taux yie mbuo goux nyei ziux goux wangc siangx sou-gorn a'fai ndie nyei sou-gorn. Liouh tov longc faan waac mienh tengx faan waac bun muangx korh waac lorx taux yie mbuo yiem njiec naaiv 1-877-273-IEHP (4347). Maaih faan waac mienh haih gorngv mienh waac tengx faan waac bun meih muangx oc. Naaiv se wangv henh tengx faan waac bun muangx hhangv.
- **Punjabi:** ਸਾਡੇ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਣ ਲਈ ਸਾਨੂੰ 1-877-273-IEHP (4347) ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਜੋ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਬੋਲਦਾ ਹੈ ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- **Thai:** เรามีบริการล่ามฟรี ซึ่งจะช่วยตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนประกันสุขภาพหรือยา หากต้องการใช้บริการล่าม โปรดโทรหาเราที่ 1-877-273-IEHP (4347) บุคคลที่พูดภาษาอื่นจะช่วยให้คุณได้รับความช่วยเหลือคุณ บริการนี้ไม่มีค่าใช้จ่ายใดๆ
- **Ukrainian:** Ми надаємо безоплатні послуги перекладача, завдяки яким ви можете отримати відповіді на будь-які запитання про наш план медичного страхування або ліки. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-877-273-IEHP (4347). Вам зможе допомогти людина, яка розмовляє іншою мовою. Це безоплатна послуга.
- **Farsi:**  
 ما خدمات مترجم رایگان برای پاسخ دادن به هرگونه سؤالی که ممکن است درباره طرح سلامت یا طرح دارویی ما داشته تماس بگیرید. 1-877-273-IEHP (4347) باشيد، ارائه می‌دهيم. برای دریافت مترجم فقط کافيست با ما به شماره شخصی که قادر است به زبان دیگری صحبت کند، می‌تواند به شما کمک کند. این یک خدمات رایگان است.
- **ATTENTION:** If you speak other languages, language assistance services, free of charge, are available to you. Call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.
- **ATENCIÓN:** Si usted prefiere comunicarse en un idioma que no es inglés, sin cargo, a su disposición. Llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8am a 8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347. La llamada es gratuita.

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- 注意：如果您使用其他語言，可以免費獲得語言援助服務。請撥打 1-877-273-IEHP (4347)，服務時間為早上 8 點至晚上 8 點（太平洋標準時間），每週 7 天，包括節假日。TTY 使用者應撥打 1-800-718-4347。此服務電話免付費。
- LƯU Ý: Nếu quý vị nói một ngôn ngữ khác, chương trình sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi 1-877-273-IEHP (4347), 8 giờ sáng - 8 giờ tối (Múi giờ Chuẩn Thái Bình Dương - PST), 7 ngày một tuần, kể cả các ngày lễ. Người dùng TTY vui lòng gọi số 1-800-718-4347. Miễn phí cước gọi.

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## A. Disclaimers

- ❖ IEHP DualChoice (HMO D-SNP) is a HMO Plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.
- ❖ Coverage under IEHP DualChoice is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- ❖ Benefits and/or copays may change on January 1 of each year.

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

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

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

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

- Medicare options in the table in **Section E2** (*Changing Plans*, page 12).
- Medi-Cal options and services in **Section E2** (*Changing Plans*, page 12).

### B1. Information about IEHP DualChoice

- IEHP DualChoice is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under IEHP DualChoice is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

### B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**

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- Are there any changes that affect the services you use?
- Review benefit changes to make sure they will work for you next year.
- Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with IEHP DualChoice:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in IEHP DualChoice.

**If you decide to change plans:**

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

## C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

**Please review the 2024 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.iehp.org](http://www.iehp.org). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

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

	2023 (this year)	2024 (next year)
<b>Vibrant Health Card</b>	<p>The Vibrant Health Card provides a <b>\$40</b> per month allowance that can be used toward payment of utilities such as gas or electricity bills.</p> <p>The Vibrant Health Card benefit mentioned is part of a special supplemental program for the chronically ill. Not all members qualify. Please see your Evidence of Coverage for more information.</p>	<p>The Vibrant Health Card provides a <b>\$65</b> per month allowance that can be used toward payment of utilities such as gas or electricity bills.</p> <p>The Vibrant Health Card benefit mentioned is part of a special supplemental program for the chronically ill. Not all members qualify. Please see your Evidence of Coverage for more information.</p>
<b>Over the Counter (OTC) Items Supplemental Benefit</b>		<p>Our Plan offers a supplemental benefit that provides an allowance of \$40 per quarter (every 3 months) towards the purchase of certain Over the Counter (OTC) items. This amount does not carry forward to the next period if unused. For more information on this benefit contact IEHP DualChoice Member Services at the number at the bottom of this page.</p>

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**If you have questions**, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit [www.iehp.org](http://www.iehp.org).



	2023 (this year)	2024 (next year)
<b>Vision Care</b>	You pay a \$0 copay. Please see below for additional coverage information. We will pay for the following services: One routine eye exam every year; and up to \$350 for eyeglasses (frames and lenses) or up to \$350 for contact lenses every year.	You pay a \$0 copay. Please see below for additional coverage information. We will pay for the following services: One routine eye exam every year; and up to \$350 for eyeglass frames and/or for contact lenses every year. Lenses for eyeglasses are covered at 100% based on medical necessity.
<b>Glaucoma Screening</b>	Prior authorization <b>is</b> required.	Prior authorization is <b>not</b> required.
<b>Diabetes self-management</b>	Prior authorization <b>is</b> required.	Prior authorization is <b>not</b> required.
<b>Barium Enemas</b>	Prior authorization <b>is</b> required.	Prior authorization is <b>not</b> required.
<b>Digital Rectal Exams</b>	Prior authorization <b>is</b> required.	Prior authorization is <b>not</b> required.
<b>Dialysis Services</b>	Prior authorization <b>is</b> required. Referral <b>is</b> required.	Prior authorization is <b>not</b> required. Referral is <b>not</b> required.
<b>Emergency Services</b>	Maximum per visit amount is <b>\$95</b> .	Maximum per visit amount is <b>\$100</b> . Because you get assistance from Medi-Cal, you pay nothing for your covered services as long as you follow our plan's rules.
<b>Urgently Needed Services</b>	Maximum per visit amount is <b>\$60</b> .	Maximum per visit amount is <b>\$55</b> .

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	2023 (this year)	2024 (next year)
		Because you get assistance from Medi-Cal, you pay nothing for your covered services as long as you follow our plan's rules.
<b>Diabetic Supplies and Services</b>	<b>No</b> limit on diabetic supplies and services.	We <b>may</b> limit the manufacturer you are able to utilize for your Part B insulin, diabetic syringes, blood glucose monitoring devices, test strips and lancets.  Please contact Member Services for more information.

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [www.iehp.org](http://www.iehp.org). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.

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- You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
- To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
- If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If IEHP DualChoice approves a formulary exception, IEHP DualChoice may not require you to request approval for a refill or a new prescription for the following year as long as you can continue to be a member of IEHP DualChoice. If you decide to stay with us next year, IEHP DualChoice may choose to continue coverage into the new benefit year.

### Changes to prescription drug costs

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

The following table shows your costs for drugs in our one (1) drug tier.

	2023 (this year)	2024 (next year)
<p><b>Drugs in Tier 1</b> <i>(generic drugs, brand drugs, biosimilar drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>

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## E. Choosing a plan

### E1. Staying in our plan

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

### E2. Changing plans

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

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

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

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

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

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- if you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

### Your Medicare services

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

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<p><b>1. You can change to:</b></p> <p><b>Another Medicare health plan, including another Medicare Medi-Cal Plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our plan when your new plan’s coverage begins. Your Medi-Cal plan may change.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit</li> </ul>

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	<p><a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</p> <p><b>OR</b></p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li> </ul> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>

### Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to

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6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

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## F. Getting help

### F1. Our plan

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

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2024 will be available by October 15. You can also review the separately mailed *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at [www.iehp.org](http://www.iehp.org). You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2024.

#### **Our website**

You can visit our website at [www.iehp.org](http://www.iehp.org). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### F2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

### F3. Ombuds Program

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

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.

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

#### **F4. Medicare**

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

##### **Medicare's Website**

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

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

##### **Medicare & You 2024**

You can read the *Medicare & You 2024* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **F5. California Department of Managed Health Care**

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at **1-877-273-IEHP (4347)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.

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