

Welcome

to IEHP Covered

Inside, you'll find Your Guide to Needed Care, a brief summary of your plan. You can also view your new member materials at iehp.org/CCAmemberkit.

Your New Materials Include:

- Evidence of Coverage (EOC)
- Provider Directory
- Guide to Needed Care
- Privacy Notice



Scan
to get
started



Your Guide to Needed Care

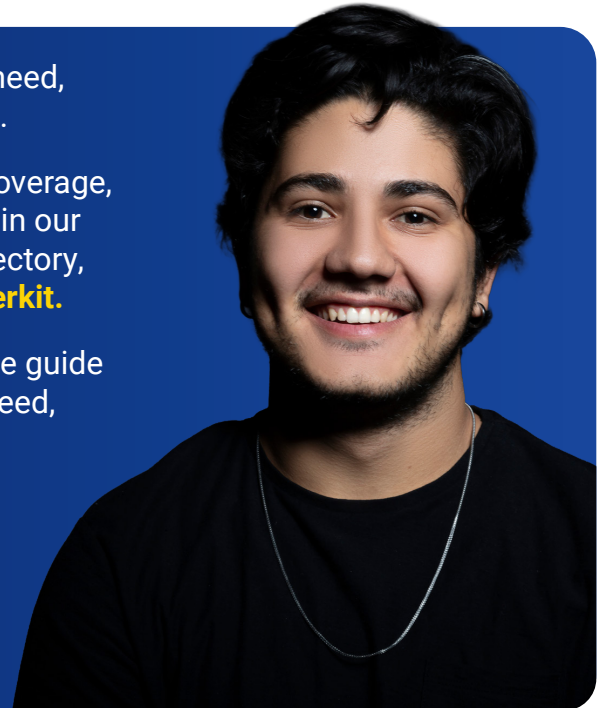


IEHP Covered is committed to giving you the care you need, when you need it – as well as the information you need.

Everything you need to know about your benefits and coverage, including your rights and responsibilities, can be found in our 2027 IEHP Covered Evidence of Coverage, Provider Directory, and other plan materials online at iehp.org/CCAmemberkit.

To help you even more, we've provided a quick reference guide for you below. This will help you find the answers you need, when you need them.

If you have questions along the way, call IEHP Covered Member Services at **1-855-433-IEHP (4347)**, TTY **711**, Monday-Friday, 8 a.m.-6 p.m. You can also request printed copies of our 2027 IEHP Covered Evidence of Coverage, Provider Directory and other plan materials.



Your Member Handbook includes:

- **Plan Benefits and Costs:**
 - What's covered and what's not
 - How medicines are managed
 - What you might have to pay (like copayments)
 - Rules about getting care outside our network
- **How to Get the Care You Need:**
 - How to find IEHP Covered network doctors and pharmacies
 - How to get primary care, specialty care, mental health care and hospital services
 - What to do if you need care after hours or in an emergency
 - What to do if you're outside of Riverside and San Bernardino counties
- **If You're Not Happy With Your Care:**
 - How to file a complaint
 - How to appeal if you disagree with a decision about your coverage or benefits
 - Information about external reviews
 - How we decide if new technology should be covered by our health plan
- **Our Formulary and Your Prescriptions:**
 - Covered pharmaceuticals
 - Copayment details, including tiers
 - When prior authorization is required

Your Guide to Needed Care (continued)

- Limits on refills, doses or prescriptions
 - Using generic substitutions, therapeutic interchange or step-therapy protocols
 - How our formulary updates are communicated, how often and if scheduled updates apply
- **Other Important Information:**
 - How to get help in your language
 - How to submit a claim for covered services

Need help finding a doctor or pharmacy near you? Give us a call or visit our website!

Your Rights

As a member of IEHP Covered, you have the right to:

- **Respectful Treatment:** You have the right to be treated kindly and with respect by IEHP Covered doctors and staff. No one can force you to make decisions about your care, retaliate against you, or use any form of physical restraint to control you, whether mechanical or drug related.
- **Privacy:** Your medical information is private. You have the right to a private relationship with your doctor, and your medical records should be kept confidential. You can also get a copy of your medical records and ask for corrections. If you're under 18, some services might not need your parents' permission.
- **Choice in Your Care:** You have the right to information about IEHP Covered, its services and providers. You have the right to choose your own primary care provider from the list on the IEHP Covered website or the provider directory. You should also be able to get appointments within regulatory timely access standards.
- **Talk With Your Doctor:** You have the right to discuss any care your doctor recommends. You can get a second opinion and learn about treatment options, no matter the cost. You can say "no" to any treatment and make decisions in advance about your care in case of a serious illness or injury.
- **Timely Service:** When you call IEHP Covered during business hours, you should wait no more than 10 minutes to speak to someone.
- **Access to Utilization Management (UM) Program Staff:** Our UM staff is available by phone during normal business hours (at least eight hours a day) for UM issues. Our staff will also receive any communication regarding UM after business hours. Our staff is available by name, title and organization name while taking and returning calls. TTY service and language assistance are also available.
- **Speak Up:** You have the right to complain about IEHP Covered, your doctors, or the care you get without worrying about losing your benefits. If you don't agree with a decision, you can ask for a review. You can leave IEHP Covered at any time.
- **File a Complaint:** You can file a complaint in your preferred language with help from an interpreter or by using a translated form on the IEHP Covered website.
- **Get Care Anywhere:** You can get emergency or urgent care even if you are outside of the IEHP Covered provider network, including when you're outside of the U.S. If it's an emergency, you have the right to receive care wherever you are and be reimbursed for the cost.

Your Guide to Needed Care (continued)

- **Service in Your Language:** You can request a free interpreter, and we will provide one to you at no cost. You can also ask for materials in a language or format (like large print or audio) that you understand.
- **Know Your Rights:** You have the right to get information about your rights and responsibilities. You also have the right to voice your opinion and give recommendations about your rights and responsibilities.

Responsibilities and Obligations

As a member of IEHP Covered, you have a responsibility to:

- **Be Respectful:** Treat your IEHP Covered doctor and staff with respect. Be on time for your visits or call at least 24 hours in advance if you need to cancel or reschedule.
- **Give Accurate Information:** Provide up-to-date and correct information to help IEHP Covered and your doctors take care of you. Get regular checkups and tell your doctor about any health problems early on. Let IEHP Covered know if you are billed by mistake.
- **Follow Your Doctor's Advice and Take Part in Your Care:** Discuss your health needs with your doctor, set goals together, understand your health issues, and follow the agreed treatment plan. You can choose a primary care doctor from our network, or you can accept the one assigned to you.
- **Use the Emergency Room for Emergencies Only:** Only use the Emergency Room in real emergencies or as directed by your doctor or IEHP Covered's 24-hour nurse advice line. If you're unsure, call your doctor or the Nurse Advice Line at **1-888-244-4347** (TTY **711**).
- **Report Wrongdoing:** If you see or know of any health care fraud or wrongdoing, report it to IEHP Covered. You can do this without giving your name by calling the IEHP Covered Compliance Helpline at **1-866-355-9038**.



Contact Covered California at **1-800-300-1506** or visit CoveredCA.com to:

- Update your address and contact information
- Report changes to your income
- Update proof of residency or citizenship
- Make changes to your health coverage
- Cancel your coverage
- Get a copy of your state or federal health insurance tax forms
- Ask questions about financial help



Contact IEHP Covered at **1-855-433-IEHP (4347)**, TTY: **711**, M-F, 8 a.m.-6 p.m., or visit IEHP.org to:

- Make a monthly premium payment or ask questions about billing and payments
- Get a new member ID card
- Learn more about your benefits and eligibility
- Change your primary care doctor
- Get help finding doctors or other providers
- Find how claims were paid

Get your medicine **DELIVERED TO YOUR HOME!**



- ▶ Home delivery at **no extra cost**
- ▶ Refill reminders
- ▶ Your medicine on time, every time

Get started today!

Call SortPak Mail Order
Pharmacy at **1-877-570-7787**
to sign up for home delivery

Questions?

Call **1-855-433-IEHP (4347)**,
TTY **711**, Monday-Friday,
8 a.m.-6 p.m.

Please Note: To use your pharmacy benefit,
you generally must use a network pharmacy.



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Complete your Health Information Form

A Health Information Form (HIF) asks about your health habits and health risks.
Based on your answers, we can offer you options to stay healthy.



- **Access the form:** Visit **HIF.iehpc.org** or scan the QR code.
- **Gain entry:** Use your member card number and date of birth to get started.
- **Fill out an HIF:** Complete one for each new IEHP Covered member in your household.



Covered

NONDISCRIMINATION NOTICE

Discrimination is against the law. Inland Empire Health Plan (IEHP) follows State and Federal civil rights laws. IEHP does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

IEHP provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact IEHP Covered Member Services at **1-855-433-4347 (IEHP)**, Monday-Friday, 8am-6pm. If you cannot hear or speak well, please call **711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Inland Empire Health Plan
10801 6th St., Rancho Cucamonga, CA
91730-5987
1-855-433-4347 (IEHP) (TTY: 711)

HOW TO FILE A GRIEVANCE

If you believe that IEHP has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with IEHP's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact IEHP's Civil Rights Coordinator between 8am-5pm, by calling **1-855-433-4347 (IEHP)**. Or, if you cannot hear or speak well, please call TTY: **711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
IEHP Civil Rights Coordinator
10801 6th St., Rancho Cucamonga, CA
91730-5987

- In person: Visit your doctor's office or IEHP and say you want to file a grievance.
- Electronically: Visit IEHP Covered's website at ***IEHPCovered.com***.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-855-433-4347 (IEHP)** 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.dmhca.ca.gov** has complaint forms, IMR application forms and instructions online.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
 U.S. Department of Health and Human Services
 200 Independence Avenue, SW Room 509F, HHH Building
 Washington, D.C. 20201

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

- Electronically: Visit the Office for Civil Rights Complaint Portal at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**



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

English

ATTENTION: If you need help in your language, call 1-855-433-IEHP (4347) (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-855-433-IEHP (4347) (TTY: 711). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل على الرقم 1-855-433-IEHP (4347) (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل على الرقم 1-855-433-IEHP (4347) (TTY: 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-855-433-IEHP (4347) հեռախոսահամարով (TTY՝ 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-855-433-IEHP (4347) հեռախոսահամարով (TTY՝ 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរសព្ទទៅលេខ 1-855-433-IEHP (4347) (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ 1-855-433-IEHP (4347) (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese)

请注意：如果您需要以您的母语获得帮助，请致电 1-855-433-IEHP (4347) (TTY: 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的文件。请致电 1-855-433-IEHP (4347) (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (4347) 1-855-433-IEHP (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (4347) 1-855-433-IEHP (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-855-433-IEHP (4347) (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-855-433-IEHP (4347) (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Lus Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus, hu rau 1-855-433-IEHP (4347) (TTY: 711). Puav leej muaj cov khoom pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv sau ua ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-855-433-IEHP (4347) (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 1-855-433-IEHP (4347) (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。1-855-433-IEHP (4347) (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)

유의 사항: 귀하의 언어로 도움을 받고 싶으시면 1-855-433-IEHP (4347) (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-855-433-IEHP (4347) (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-433-IEHP (4347) (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ:

ເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່. ໃຫ້ໂທຫາເບີ 1-855-433-IEHP (4347) (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

CAU FIM JANGX LONGX OC: Beiv hhangv meih qiemx zuqc longc mienh tengx faan benx meih haih gorngv haaix fingx waac wuov, mborqv finx lorx taux 1-855-433-IEHP (4347) (TTY: 711). Mv daan mbuoqc naaiv oc ninh mbuo corc haih tengx da'nyeic deix gong bun taux waaic fangx nyei mienh beiv taux zoux benx nzangc-pokc bun hluo aengx caux zoux benx domh zeiv bun longc. Daaix luic mborqv finx lorx taux 1-855-433-IEHP (4347) (TTY: 711). Wangv henh tengx naaiv deix gong mv ndortv nyaanh cingv oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ 1-855-433-IEHP (4347) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-855-433-IEHP (4347) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-855-433-IEHP (4347) (линия TTY: 711). Также предоставляются средства и услуги для людей с инвалидностью, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-855-433-IEHP (4347) (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-273-IEHP (4347) (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-855-433-IEHP (4347) (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-855-433-IEHP (4347) (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 1-855-433-IEHP (4347) (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-855-433-IEHP (4347) (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-855-433-IEHP (4347) (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-855-433-IEHP (4347) (TTY: 711). Люди з інвалідністю також можуть скористатися допоміжними засобами й послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-855-433-IEHP (4347) (TTY: 711). Ці послуги надаються безкоштовно.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-855-433-IEHP (4347) (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. Vui lòng gọi số 1-855-433-IEHP (4347) (TTY: 711). Các dịch vụ này đều miễn phí.



P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

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