

IEHP DualChoice (HMO D-SNP) | 2024 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by IEHP DualChoice, a Medicare Medi-Cal Plan. 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 IEHP DualChoice. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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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.

A. Disclaimers



This is a summary of health services covered by IEHP DualChoice for January 1, 2024 through December 31, 2024. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits.

- ❖ IEHP DualChoice (HMO D-SNP) is a HMO Plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.
- ❖ **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 TTY deben llamar al 1-800-718-4347. La llamada es gratuita.
- ❖ **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.
- ❖ 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.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 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.



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- ❖ Usted puede obtener este documento gratis en otros formatos, como, por ejemplo, en letra grande, en braille o en audio. Llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), 8am-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.
- ❖ 您可以免費索取本文件的其他格式，例如大字版、盲文版和/或音訊版。請致電 IEHP DualChoice 會員服務處，電話：1-877-273-IEHP (4347)，服務時間為上午 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。電話服務免費。
- ❖ Quý vị có thể nhận tài liệu này miễn phí ở các định dạng khác như định dạng chữ in lớn, chữ nổi Braille và/hoặc âm thanh. Hãy gọi cho Ban Dịch Vụ Hội Viên IEHP DualChoice theo số 1-877-273-IEHP (4347), 8 giờ sáng - 8 giờ tối (Múi Giờ Chuẩn Thái Bình Dương), 7 ngày một tuần, bao gồm cả ngày nghỉ lễ. Người dùng TTY xin gọi 1-800-718-4347.
- ❖ This document is available for free in Spanish, Chinese and Vietnamese.
- ❖ To make a standing request to receive materials in languages other than English or alternate format, or to make changes to a standing request, 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. IEHP DualChoice will keep your information as a standing request for future mailings and communications so you do not need to make a separate request each time.
- ❖ Para realizar una solicitud permanente para recibir los materiales en español o en un formato alterno, o para hacer cambios a una solicitud permanente, llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), 8am-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. IEHP DualChoice conservará su información como una solicitud permanente para envíos y notificaciones futuros, para que no tenga que hacer una solicitud por separado cada vez.
- ❖ 如需長期獲取西班牙語或其他格式的資料，請致電 1-877-273-IEHP (4347) 與 IEHP DualChoice 會員服務處聯絡，服務時間為上午 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。IEHP DualChoice 會將您的資訊視為長期要求，以用於今後的郵件往來和通訊，因此您無需每次都單獨提出要求。
- ❖ Để đưa ra yêu cầu cố định về việc nhận tài liệu bằng tiếng Tây Ban Nha hoặc ở định dạng thay thế hoặc để thay đổi yêu cầu cố định, vui lòng gọi cho Ban Dịch Vụ Hội Viên IEHP DualChoice theo số 1-877-273-IEHP (4347), 8 giờ sáng - 8 giờ tối (Múi Giờ Chuẩn Thái Bình Dương), 7 ngày một tuần, bao gồm cả ngày nghỉ lễ. Người dùng TTY xin gọi 1-800-718-4347. *IEHP DualChoice sẽ lưu giữ thông tin của quý vị như yêu cầu cố định cho việc gửi thư và thông tin liên lạc trong tương lai, do đó quý vị không cần phải đưa ra yêu cầu riêng cho mỗi lần.*



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|--|---|
| What is a Medicare-Medi-Cal Coordination Plan? | <p>A Medicare-Medi-Cal Coordination Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Coordination 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.</p> |
| Will I get the same Medicare and Medi-Cal benefits in IEHP DualChoice that I get now? | <p>You will get most of your covered Medicare and Medi-Cal benefits directly from IEHP DualChoice. You will 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 Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in IEHP DualChoice, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that IEHP DualChoice does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for IEHP DualChoice to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page <i>or</i> at the numbers in the footer of this document.</p> |



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| Frequently Asked Questions | Answers |
|---|---|
| <p>Can I go to the same doctors I use now?</p> | <p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with IEHP DualChoice and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in IEHP DualChoice’s network. If you use providers or pharmacies that are not 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 IEHP DualChoice’s plan. • If you are currently under treatment with a provider that is out of IEHP DualChoice’s network, or have an established relationship with a provider that is out of IEHP DualChoice’s network, call Member Services to check about staying connected and ask for continuity of care. You may be able to continue seeing the doctors you use now for a certain amount of time, if they are not in our network. We call this continuity of care. If they are not in our network, you can keep your current providers and service authorizations at the time you enroll for up to 12 months. • IEHP is able to determine that you have an existing relationship with the provider. • The provider is willing to contract with IEHP. • Provider meets applicable professional standards and has no quality of care issues. <p>To find out if your doctors are in the plan’s network, call Member Services at the numbers listed at the bottom of this page <i>or</i> at the numbers in the footer of this document or read IEHP DualChoice’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.iehp.org.</p> <p>If IEHP DualChoice is new for you, we will work with you to develop a care plan to address your needs.</p> |



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| Frequently Asked Questions | Answers |
|--|--|
| <p>What is a IEHP DualChoice care coordinator?</p> | <p>A IEHP DualChoice 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.</p> |
| <p>What are Long-Term Services and Supports (LTSS)?</p> | <p>Long-Term Services and Supports 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.</p> |
| <p>What is a Multipurpose Senior Services Program (MSSP)?</p> | <p>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.</p> |
| <p>What happens if I need a service but no one in IEHP DualChoice’s network can provide it?</p> | <p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, IEHP DualChoice will pay for the cost of an out-of-network provider.</p> |
| <p>Where is IEHP DualChoice available?</p> | <p>The service area for this plan includes: Riverside and San Bernardino Counties, California. You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers listed at the bottom of this page <i>or</i> at the numbers in the footer of this document for more information about whether the plan is available where you live.</p> |
| <p>What is prior authorization?</p> | <p>Prior authorization means an approval from IEHP DualChoice to seek services outside of our network or to get services not routinely covered by our network before you get the services. IEHP DualChoice may not cover the service, procedure, item, or drug if you don’t get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get prior authorization first. IEHP DualChoice can provide you or your provider with a list of services</p> |



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| Frequently Asked Questions | Answers |
|---|---|
| | <p>or procedures that require you to get prior authorization from IEHP DualChoice 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 or at the numbers in the footer of this document for help.</p> |
| <p>What is a referral?</p> | <p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, IEHP DualChoice may not cover the services. IEHP DualChoice can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the <i>Evidence of Coverage</i> to learn more about when you will need to get a referral from your PCP.</p> |
| <p>Do I pay a monthly amount (also called a premium) under IEHP DualChoice?</p> | <p>No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p> |
| <p>Do I pay a deductible as a member of IEHP DualChoice?</p> | <p>No. You do not pay deductibles in IEHP DualChoice.</p> |
| <p>What is the maximum out-of-pocket amount that I will pay for medical services as a member of IEHP DualChoice?</p> | <p>There is no cost sharing for medical services in IEHP DualChoice, so your annual out-of-pocket costs will be \$0.</p> |
| <p>Do I have a coverage gap for drugs?</p> | <p>No. Because you have Medicaid you will not have a coverage gap stage for your drugs.</p> |



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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 | Requires prior authorization. Our plan covers an unlimited number of days for an inpatient hospital stay when medically necessary. Referral required for outpatient hospital services. |
| | Doctor or surgeon care | \$0 | Requires prior authorization. Requires a referral from your doctor. |
| | Outpatient hospital services, including observation | \$0 | Requires prior authorization. Requires a referral from your doctor. |
| | Ambulatory surgical center (ASC) services | \$0 | Requires prior authorization. Requires a referral from your doctor. |
| You want a doctor (continued on the next page) | Visits to treat an injury or illness | \$0 | |
| | Specialist care | \$0 | Requires prior authorization. Requires a referral from your doctor |
| | Wellness visits, such as a physical | \$0 | |



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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 | Any additional preventive services approved by Medicare during the contract year will be covered. |
| | “Welcome to Medicare” (preventative visit one time only) | \$0 | Any additional preventive services approved by Medicare during the contract year will be covered. |
| You need emergency care | Emergency room services | \$0 | Emergency room services will be provided out-of-network and without prior authorization requirements. Not covered outside the U.S. Contact the Plan for details. |
| | Urgent care | \$0 | Urgent care services will be provided out-of-network and without prior authorization requirements. Not covered outside the U.S. Contact the Plan for details. |
| You need medical tests | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0 | Requires prior authorization. Requires a referral from your doctor |
| | Lab tests and diagnostic procedures, such as blood work | \$0 | Requires prior authorization. Requires a referral from your doctor |



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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) |
|--|--|-------------------------------------|---|
| <p>You need hearing/auditory services</p> | <p>Hearing screenings</p> | <p>\$0</p> | <p>Requires prior authorization. Requires a referral from your doctor Exam to diagnose and treat hearing and balance issues.</p> |
| | <p>Hearing aids</p> | <p>\$0</p> | <p>Requires prior authorization.</p> <ul style="list-style-type: none"> • Hearing aid fitting/evaluation (for up to 1 every year). • Hearing aid benefit includes molds, modification supplies and accessories. |
| <p>You need dental care</p> | <p>Dental check-ups and preventive care</p> | <p>\$0</p> | <p>Certain dental services are available through the Medi-Cal Dental Program or FFS Medi-Cal. If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at: https://www.dental.dhcs.ca.gov or https://smilecalifornia.org/.</p> |
| | <p>Restorative and emergency dental care</p> | <p>\$0</p> | <p>Certain dental services are available through the Medi-Cal Dental Program or FFS Medi-Cal. If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at: https://www.dental.dhcs.ca.gov or https://smilecalifornia.org/.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need eye care | Eye exams | \$0 | <ul style="list-style-type: none"> • Medicare covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). • Medicare-covered glaucoma screening. • One routine eye exam every year. |
| | Glasses or contact lenses | \$0 | 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. |
| | Other vision care | \$0 | |
| You need mental health services | Mental health services | \$0 | <ul style="list-style-type: none"> • Therapy • Psychiatry |
| | Inpatient and outpatient care and community-based services for people who need mental health services | \$0 | <p>Requires prior authorization.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> |
| You need a substance use disorder services | Substance use disorder services | \$0 | <p>Requires prior authorization.</p> <p>Requires a referral from your doctor.</p> <ul style="list-style-type: none"> • Individual therapy visit • Group therapy visit |



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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) |
|---|---|-------------------------------------|--|
| <p>You need a place to live with people available to help you</p> | Skilled nursing care | \$0 | To be eligible, you must be 65 years of age or older, live within a site's services area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility. |
| | Nursing home care | \$0 | Requires prior authorization. Requires a referral from your doctor. |
| | Adult Foster Care and Group Adult Foster Care | \$0 | |
| <p>You need therapy after a stroke or accident</p> | Occupational, physical, or speech therapy | \$0 | <p>Requires prior authorization. Requires a referral from your doctor.</p> <ul style="list-style-type: none"> • Non-Medicare Occupational Therapy Service • Speech, Physical and Occupational Therapy for CBAS enrollees <p>Beneficiary must meet eligibility criteria. Beneficiary must be 18 years or older and meet nursing facility level of care.</p> |
| <p>You need help getting to health services (continued on the next page)</p> | Ambulance services | \$0 | Non-Emergency ambulance transportation. |
| | Emergency transportation | \$0 | |



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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) |
|--|--|-------------------------------------|--|
| <p>You need help getting to health services (continued)</p> | <p>Transportation to medical appointments and services</p> | <p>\$0</p> | <p>Round trip transportation provided to plan approved locations. This benefit allows for transportation to medical services by passenger car, taxi, or other forms of public/private transportation. This benefit includes only Non-Medical Transportation (NMT). This benefit authorizes ground transportation of Members to medical services by passenger vehicle, taxi, or other forms of public/private conveyances provided by persons not registered as Medi-Cal providers. Does not include the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members by ambulance, litter van or wheelchair van medical transportation services. The plan will ensure compliance with the Medical Assurance of Transportation provisions of the Code of Federal Regulations (42 CFR 431.53) to provide necessary transportation for beneficiaries to and from providers.</p> |
| <p>You need drugs to treat your illness or condition (continued on the next page)</p> | <p>Medicare Part B prescription drugs</p> | <p>\$0</p> | <p>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>Evidence of Coverage</i> for more information on these drugs.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--------------------------------------|-------------------------------------|--|
| <p>You need drugs to treat your illness or condition (continued)</p> | <p>Generic drugs (no brand name)</p> | <p>\$0 for a 31-day supply.</p> | <p>There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.</p> |
| | <p>Brand name drugs</p> | <p>\$0 for 31-day supply.</p> | <p>There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273.</p> |
| | <p>Over-the-counter (OTC) drugs</p> | <p>\$0</p> | <p>There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273.</p> |



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.

| 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 better or have special health needs | Rehabilitation services | \$0 | |
| | Medical equipment for home care | \$0 | Requires prior authorization. |
| | Dialysis services | \$0 | |
| You need foot care | Podiatry services | \$0 | Requires prior authorization. Requires a referral from your doctor. Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. |
| | Orthotic services | \$0 | Requires prior authorization. |
| You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i> . | Wheelchairs, crutches, and walkers | \$0 | Requires prior authorization. Requires a referral from your doctor. |
| | Nebulizers | \$0 | Requires prior authorization. Requires a referral from your doctor. |
| | Oxygen equipment and supplies | \$0 | Requires prior authorization. Requires a referral from your doctor. |



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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 | Home health services | \$0 | Requires prior authorization. Requires a referral from your doctor. No waiver required. |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0 | To be eligible, you must be 65 years of age or older, live within a site's services area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility. |
| | Adult day health, Community Based Adult Services (CBAS), or other support services | \$0 | Requires prior authorization. Requires a referral from your doctor. Our plan covers an unlimited number of days for an inpatient hospital stay when medically necessary. Referral required for outpatient hospital services |
| | Day habilitation services | \$0 | |
| | Services to help you live on your own (home health care services or personal care attendant services) | \$0 | In-Home Supportive Services (IHSS) will pay for caregiver services so you can remain safely in your own home. To qualify, you live at home or a home of your own choosing, have a physical or cognitive limitation that will last 12 months or longer, and submit a completed Health Care Certification form. |



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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 | Chiropractic services | \$0 | Requires prior authorization. Requires a referral from your doctor. Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). |
| | Diabetes supplies and services | \$0 | |
| | Prosthetic services | \$0 | Requires prior authorization. |
| | Radiation therapy | \$0 | Requires prior authorization. |
| | Services to help manage your disease | \$0 | |

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the IEHP DualChoice *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call IEHP DualChoice 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.iehp.org.

D. Benefits covered outside of IEHP DualChoice

There are some services that you can get that are not covered by IEHP DualChoice but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.



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| Other services covered by Medicare, Medi-Cal, or a State Agency | Your costs |
|---|--|
| Medi-Cal Dental Fee-for-Service contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org/ . TTY: 1-800-735-2929 or dial 7-1-1 | Costs of Medi-Cal Dental services are dependent on if a member has a Share of Cost or no Share of Cost. |
| Certain hospice care services covered outside of IEHP DualChoice (HMO D-SNP) | \$0 |
| Psychosocial rehabilitation | \$0 |
| Targeted case management | \$0 |
| Rest home room and board | \$0 |
| California Community Transitions (CCT) pre-transition | \$0 |
| Multipurpose Senior Services Program (MSSP) | Covered under Medi-Cal fee-for-service. To learn more, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. |

E. Services that IEHP DualChoice, Medicare, and Medi-Cal do not cover

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

| Services IEHP DualChoice, Medicare, and Medi-Cal do not cover | |
|--|--|
| Services considered not “reasonable and medically necessary,” according to Medicare and Medi-Cal standards, unless we list these as covered services | |
| Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. | |



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Services IEHP DualChoice, Medicare, and Medi-Cal do not cover

Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.

Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.

Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.

Personal items: Personal comfort items or items and services for convenience, such as television, health club memberships and/or similar items.

Erectile dysfunction medical equipment

F. Your rights as a member of the plan

As a member of IEHP DualChoice, 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 will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not 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



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- 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 are 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. IEHP DualChoice 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 does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency



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- 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
 - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
 - 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 *Evidence of Coverage*. If you have questions, you can call IEHP DualChoice Member Services at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document.

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

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

If you have a complaint or think IEHP DualChoice improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Evidence of Coverage. You can also call IEHP DualChoice Member Services at the numbers listed at the bottom of this page.



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Secure Fax: 1-909-890-5877
Mail: IEHP DualChoice
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
Email: MemberServices@iehp.org
Website: www.iehp.org

Department of Managed Health Care

Call: **1-888-466-2219**
TTY: **1-877-688-9891**
Website: **<http://www.dmhc.ca.gov>**

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 IEHP DualChoice Member Services. Phone numbers are the numbers 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, 24 hours a day, 7 days a week.



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