

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

# ***Annual Notice of Changes for 2025***

### **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. This call is free.
- To make 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.

**ATTENTION:** If you need help in your language, call 1-877-273-IEHP (4347) (TTY: 1-800-718-4347 or 711).

Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). These services are free of charge.



**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).

## العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل على الرقم  
1-877-273-IEHP (4347) (TTY: 1-800-718-4347). تتوفر أيضًا  
المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة  
برايل والخط الكبير. اتصل على الرقم 1-877-273-IEHP (4347)  
(TTY: 1-800-718-4347). هذه الخدمات مجانية.

## 中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电  
1-877-273-IEHP (4347) (TTY: 1-800-718-4347)。另外还提供  
针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，  
也是方便取用的。请致电 1-877-273-IEHP (4347)  
(TTY: 1-800-718-4347)。这些服务都是免费的。

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ  
1-877-273-IEHP (4347) (TTY: 1-800-718-4347) 'ਤੇ ਕਾਲ ਕਰੋ।  
ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ  
ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-877-273-IEHP (4347)  
(TTY: 1-800-718-4347) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



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).

## **हिंदी (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं।

1-877-273-IEHP (4347) (TTY: 1-800-718-4347) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

## **Lus Hmoob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-273-IEHP (4347) (TTY: 1-800-718-4347).

Puav leej muaj cov khoom pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). 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

1-877-273-IEHP (4347) (TTY: 1-800-718-4347)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。

1-877-273-IEHP (4347) (TTY: 1-800-718-4347)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。



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).

## 한국어 (Korean)

유의 사항: 귀하의 언어로 도움을 받고 싶으시면

1-877-273-IEHP (4347) (TTY: 1-800-718-4347) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다.

1-877-273-IEHP (4347) (TTY: 1-800-718-4347) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

## ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347).

ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ:

ເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມ. ໃຫຍ່ ໃຫ້ໂທຫາເບີ

1-877-273-IEHP (4347) (TTY: 1-800-718-4347).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mien

CAU FIM JANGX LONGX OC: Beiv hnavg meih qiex zuqc longc mienh tengx faan benx meih haih gorngv haaix fingx waac wuov, mborqv finx lorz taux

1-877-273-IEHP (4347) (TTY: 1-800-718-4347). 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 lorz taux

1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Wangv henh tengx naaiv deix gong mv ndortv nyaanh cingv oc.



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).

## **ខ្មែរ (Cambodian)**

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម  
ទូរសព្ទទៅលេខ 1-877-273-IEHP (4347)  
(TTY: 1-800-718-4347)។ ជំនួយ និង សេវាកម្ម សម្រាប់  
ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ  
សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ  
ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ  
1-877-273-IEHP (4347) (TTY: 1-800-718-4347)។  
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

## **فارسی (Farsi)**

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با  
1-877-273-IEHP (4347) (TTY: 1-800-718-4347) تماس بگیرید.  
کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و  
چاپ با حروف بزرگ، نیز موجود است. با 1-877-273-IEHP (4347)  
(TTY: 1-800-718-4347) تماس بگیرید. این خدمات رایگان ارائه می شوند.

## **Русский (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем  
родном языке, звоните по номеру 1-877-273-IEHP  
(4347) (линия TTY: 1-800-718-4347). Также  
предоставляются средства и услуги для людей с  
инвалидностью, например документы крупным  
шрифтом или шрифтом Брайля. Звоните по номеру  
1-877-273-IEHP (4347) (линия TTY: 1-800-718-4347).  
Такие услуги предоставляются бесплатно.



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).

## **Español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Estos servicios son gratuitos.

## **Tagalog (Filipino)**

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Libre ang mga serbisyonang ito.

## **ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้



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).

## **Українська (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Люди з інвалідністю також можуть скористатися допоміжними засобами й послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Ці послуги надаються безкоштовно.

## **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). 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 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). Các dịch vụ này đều miễn phí.



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## A. Disclaimers

- ❖ IEHP DualChoice (HMO D-SNP) is an 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.

## 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 D** 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 16).
- Medi-Cal options and services in **Section E2** (*Changing Plans*, page 16).

### 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.**



**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).

- 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? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - 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 2025.

**Please review the 2025 *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



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the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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.

|                                                              | 2024 (this year)                            | 2025 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy Meals for Individuals with Chronic Conditions</b> | This benefit is <b>not</b> covered in 2024. | <p>Eligible members pay \$0.</p> <p>This benefit covers up to 2 meals per day for a maximum of 365 days in the plan year.</p> <p>You must have <b>both</b> diabetes and cardiovascular disease and meet other criteria to qualify. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided.</p> <p>Please see your Member Handbook for more information.</p> <p>Medicare approved IEHP DualChoice to provide this benefit as part of the Value Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p> |



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|                            | 2024 (this year)                                                                                                                                                                                                                                                                                                                                                        | 2025 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vibrant Health Card</b> | <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.</p> <p>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>You must have at least <b>one</b> chronic condition such as (cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes mellitus, and neurologic disorders) and meet other criteria to qualify. There may be other eligible chronic conditions that are not listed. For information on additional eligible chronic conditions see your Member Handbook. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided.</p> <p>Please see your Member Handbook for more information.</p> <p>Medicare approved IEHP DualChoice to provide this benefit as part of the Value Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</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](http://www.iehp.org).

|                                                     | 2024 (this year)                             | 2025 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mental Health Specialty Services</b>             | Prior authorization is <b>not</b> required.  | Prior authorization <b>is</b> required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Psychiatric Services</b>                         | Prior authorization is <b>not</b> required.  | Prior authorization <b>is</b> required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Medicare Part B Insulin Drugs</b>                | Prior authorization is <b>not</b> required.  | Prior authorization <b>is</b> required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Medicare Part B Chemotherapy/Radiation Drugs</b> | Prior authorization is <b>not</b> required.  | Prior authorization <b>is</b> required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other Medicare Part B Drugs</b>                  | Prior authorization is <b>not</b> required.  | Prior authorization <b>is</b> required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Medicare Dental Services</b>                     | Prior authorization is <b>not</b> required.  | Prior authorization <b>is</b> required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Additional Telehealth Benefits</b>               | This benefit was <b>not</b> covered in 2024. | <p>Medicare- covered benefits that may have additional telehealth benefits available:</p> <ul style="list-style-type: none"> <li>• Urgently needed services</li> <li>• Primary Care Physician Services</li> <li>• Physician Specialist Services</li> <li>• Individual Sessions for Mental Health Specialty Services</li> <li>• Group Sessions for Psychiatric Services</li> <li>• Opioid Treatment Program Services</li> <li>• Dialysis Services</li> <li>• Medicare-Covered Zero Dollar Preventative Services</li> </ul> |



**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).

## 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*, which could include removing or adding drugs, changing 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.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

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.
  - 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*.)



**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).

- 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.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

### **Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

Medicare approved IEHP DualChoice to provide lower co-payments as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.



**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](https://www.iehp.org).

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

|                                                                                                                                                                             | 2024 (this year)                                                           | 2025 (next year)                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Drugs in Tier 1</b><br><i>(generic drugs, brand drugs, biosimilar drugs)</i><br><br>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy | Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b> | Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b> |

## 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 2025.

### E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you can end your membership in our plan any month of the year.

In addition, 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**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.



**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).

## Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. You can change to:</b></p> <p><b>A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.</b></p> <p><b>Note:</b> The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.</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 Medi-Medi Plan.</p> <p>You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |



**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).

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <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 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 unless you request a 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</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> <li>• You will automatically be disenrolled from our plan when your Original</li> </ul>       |



**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).

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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>Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Annual Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in Section 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>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 are automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may 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 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.



**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).

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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 for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. 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 2025.

#### **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.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-855-501-3077.



**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).

## 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 2025

You can read the *Medicare & You 2025* 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 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 **1-877-273-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.dmhca.gov](http://www.dmhca.gov) has complaint forms, IMR application forms and instructions online. Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.



**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).