

2025

# Summary OF BENEFITS

IEHP DualChoice (HMO D-SNP) Plan



DualChoice

**1-877-273-IEHP (4347)**

**1-800-718-4347 TTY**

8am-8pm (PST), 7 days a week,  
including holidays.

# IEHP DualChoice (HMO D-SNP) | 2025 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by IEHP DualChoice. 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 *Member Handbook*.

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

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## A. Disclaimers



This is a summary of health services covered by IEHP DualChoice for January 1, 2025 through December 31, 2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ IEHP DualChoice (HMO D-SNP) is an HMO Plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.
- ❖ 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](http://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/](http://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.

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

### (Arabic) العربية

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.



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

## Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-273-IEHP (4347) հեռախոսահամարով (TTY՝ 1-800-718-4347): Կան նաև օժանդակ փնջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-877-273-IEHP (4347) հեռախոսահամարով (TTY՝ 1-800-718-4347): Այդ ծառայություններն անվճար են:

## 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 ដូចជា ឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬ ឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។



**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).

## 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。

## فارسی (Farsi)

توجه: اگر میخواید 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.

## 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।



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).

## **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。

## **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.



**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).

## ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃ

ຫ໌ໂທຫາເບີ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມ. ໃຫຍ່ ໃຫ໌ໂທຫາເບີ 1-877-273-IEHP (4347) (TTY: 1-800-718-4347). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mien

CAU FIM JANGX LONGX OC: Beiv hnavgv meih qiemx 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.



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## 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। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ 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।

## 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.

## 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.



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).

## **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

## **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.



**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).

## 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.

- ❖ 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.
- ❖ 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 1877273IEHP (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 18007184347.
- ❖ 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 alternativo, o para hacer cambios a una solicitud permanente, llame a Servicios para Miembros de IEHP DualChoice al 1877273IEHP (4347), 8am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 18007184347. 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.



**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).

- ❖ 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 1877273IEHP (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 18007184347. 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.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions        | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is a Medicare-Medi-Cal Plan? | A Medicare-Medi-Cal 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 21 and older. A Medicare-Medi-Cal 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. |



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| Frequently Asked Questions                                                                          | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>Will I get the same Medicare and Medi-Cal benefits in IEHP DualChoice that I get now?</b></p> | <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 Supportive 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 in the footer of this document.</p> |
| <p><b>Can I go to the same doctors I use now? (continued on the next page)</b></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"> <li>• 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. <b>You must use the providers in IEHP DualChoice’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of IEHP DualChoice’s plan.</li> <li>• If you are currently under treatment with a provider that is out of IEHP DualChoice’s</li> </ul> <p style="text-align: right;"><b>(continued on the next page)</b></p>                                                                                                                                                                                                                         |



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| Frequently Asked Questions                                                | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Can I go to the same doctors I use now?<br>(continued from previous page) | <ul style="list-style-type: none"> <li>• 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 may keep your current providers and service authorizations at the time you enroll for up to 12 months.</li> <li>• IEHP is able to determine that you have an existing relationship with the provider.</li> <li>• The provider is willing to contract with IEHP.</li> <li>• Provider meets applicable professional standards and has no quality of care issues.</li> </ul> <p>To find out if your doctors are in the plan's network, call Member Services 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 <a href="http://www.iehp.org">www.iehp.org</a>.</p> <p>If IEHP DualChoice is new for you, we will work with you to develop a care plan to address your needs.</p> |
| What is a IEHP DualChoice care coordinator?                               | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| What are Long-term Services and Supports (LTSS)?                          | Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



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| Frequently Asked Questions                                                                      | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>What is a Multipurpose Senior Services Program (MSSP)?</b>                                   | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>What happens if I need a service but no one in IEHP DualChoice's network can provide it?</b> | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Where is IEHP DualChoice available?</b>                                                      | <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 in the footer of this document for more information about whether the plan is available where you live.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>What is prior authorization?</b>                                                             | <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 <b>before</b> you get the services. IEHP DualChoice may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> IEHP DualChoice can provide you or your provider with a list of services 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 in the footer of this document for help.</p> |



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| Frequently Asked Questions                                                                                           | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What is a referral?</b>                                                                                           | <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>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p> |
| <b>Do I pay a monthly amount (also called a premium) under IEHP DualChoice?</b>                                      | No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Do I pay a deductible as a member of IEHP DualChoice?</b>                                                         | No. You do not pay deductibles in IEHP DualChoice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of IEHP DualChoice?</b> | There is no cost sharing for medical services in IEHP DualChoice, so your annual out-of-pocket costs will be \$0.                                                                                                                                                                                                                                                                                                                                                                                                                  |



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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need                                                                    | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                              |
|------------------------|------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You need hospital care | Hospital stay                                                                            | \$0                                 | Requires prior authorization.<br>Our plan covers an unlimited number of days for an inpatient hospital stay when medically necessary.<br>Referral required for outpatient hospital |
|                        | Doctor or surgeon care                                                                   | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor.                                                                                                             |
|                        | Outpatient hospital services, including observation                                      | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor.                                                                                                             |
|                        | Ambulatory surgical center (ASC) services                                                | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor.                                                                                                             |
| You want a doctor      | Visits to treat an injury or illness                                                     | \$0                                 |                                                                                                                                                                                    |
|                        | Specialist care                                                                          | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor.                                                                                                             |
|                        | Wellness visits, such as a physical                                                      | \$0                                 |                                                                                                                                                                                    |
|                        | 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.                                                                                  |



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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)                                                                                                          |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                        | "Welcome to Medicare" (preventive visit one time only)                                                   | \$0                                 | Any additional preventive services approved by Medicare during the contract year will be covered.                                                                              |
| <b>You need emergency care</b>                                         | Emergency room services                                                                                  | \$0                                 | Emergency care services will be provided out-of-network and without prior authorization requirements.<br><br>Not covered outside the U.S.<br><br>Contact the Plan for details. |
|                                                                        | Urgent care                                                                                              | \$0                                 | Urgent care services will be provided out-of-network and without prior authorization requirements.<br><br>Not covered outside the U.S.<br><br>Contact the Plan for details.    |
| <b>You need medical tests</b>                                          | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0                                 | Requires prior authorization.<br><br>Requires a referral from your doctor.                                                                                                     |
|                                                                        | Lab tests and diagnostic procedures, such as blood work                                                  | \$0                                 | Requires prior authorization.<br><br>Requires a referral from your doctor.                                                                                                     |
| <b>You need hearing/auditory services (continued on the next page)</b> | Hearing screenings                                                                                       | \$0                                 | Requires prior authorization.<br><br>Requires a referral from your doctor.<br><br>Exam to diagnose and treat hearing and balance issues.                                       |



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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)                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need hearing/auditory services (continued from previous page)</b> | Hearing aids                          | \$0                                 | Requires prior authorization. <ul style="list-style-type: none"> <li>Hearing aid fitting/evaluation (for up to 1 every year).</li> <li>Hearing aid benefit includes molds, modification supplies and accessories.</li> </ul>                                                                                                                                                                                                                                                  |
| <b>You need dental care (continued on the next page)</b>                 | Dental check-ups and preventive care  | \$0                                 | Medi-Cal covers dental check-ups and preventive care.<br><br>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: <a href="https://smilecalifornia.org/contact-us/">https://smilecalifornia.org/contact-us/</a> .         |
|                                                                          | Restorative and emergency dental care | \$0                                 | Medicare covered services require prior authorization.<br><br>Medicare covered services require a referral from your doctor.<br><br>Medi-Cal covers dental restorative and emergency dental care.<br><br>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 |



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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)                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need dental care (continued from previous page)</b>                     |                                                                                                       |                                     | Medi-Cal Dental Program website at: <a href="https://www.dental.dhcs.ca.gov">https://www.dental.dhcs.ca.gov</a> or <a href="https://smilecalifornia.org/">https://smilecalifornia.org/</a> .                                                                          |
| <b>You need eye care</b>                                                       | Eye exams                                                                                             | \$0                                 | <ul style="list-style-type: none"> <li>• Medicare covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).</li> <li>• Medicare-covered glaucoma screening.</li> <li>• One routine eye exam every year.</li> </ul> |
|                                                                                | Glasses or contact lenses                                                                             | \$0                                 | We will pay for the following supplemental vision 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                                 |                                                                                                                                                                                                                                                                       |
| <b>You need mental health services</b>                                         | Mental health services                                                                                | \$0                                 | <ul style="list-style-type: none"> <li>• Therapy</li> <li>• Psychiatry</li> </ul>                                                                                                                                                                                     |
|                                                                                | Inpatient and outpatient care and community-based services for people who need mental health services | \$0                                 | Requires prior authorization.<br>Our plan covers an unlimited number of days for an inpatient hospital stay if medically necessary.                                                                                                                                   |
| <b>You need a substance use disorder services (continued on the next page)</b> | Substance use disorder services                                                                       | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor. <ul style="list-style-type: none"> <li>• Individual therapy visit.</li> <li>• Group therapy visit.</li> </ul>                                                                                  |



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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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need a substance use disorder services (continued from previous page)</b> |                                               |                                     | <p>Substance use disorder services through IEHP DualChoice include:</p> <ul style="list-style-type: none"> <li>• Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)</li> <li>• Inpatient medical detoxification, when medically necessary</li> <li>• Opioid Treatment Programs</li> </ul> <p>Substance use disorder services provided by the County Mental Health Plans include:</p> <ul style="list-style-type: none"> <li>• Outpatient substance use disorder services <ul style="list-style-type: none"> <li>○ Residential treatment services</li> <li>○ Medication Assisted Treatment</li> </ul> </li> <li>• County Mental HealthPlan Substance Use Disorder Services: <ul style="list-style-type: none"> <li>○ Riverside: 1-800-499-3008</li> <li>○ San Bernardino: 1-800-968-2636</li> </ul> </li> </ul> |
| <b>You need a place to live with people available to help you</b>                | Skilled nursing care                          | \$0                                 | <p>Requires prior authorization.</p> <p>Requires a referral from your doctor.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                  | Nursing home care                             | \$0                                 | <p>Requires prior authorization.</p> <p>Requires a referral from your doctor.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                  | Adult Foster Care and Group Adult Foster Care | \$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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need therapy after a stroke or accident</b>                           | Occupational, physical, or speech therapy           | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor. <ul style="list-style-type: none"> <li>• Non-Medicare Occupational Therapy Service</li> <li>• Speech, Physical and Occupational Therapy for CBAS enrollees</li> </ul> Beneficiary must meet eligibility criteria.<br>Beneficiary must be 18 years or older and meet nursing facility level of care.                                                                                                                                                                                                                                                                                                                                                            |
| <b>You need help getting to health services (continued on the next page)</b> | Ambulance services                                  | \$0                                 | Non-Emergency ambulance transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                              | Emergency transportation                            | \$0                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                              | Transportation to medical appointments and services | \$0                                 | 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 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 |



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| Health need or concern                                                         | Services you may need                                               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You need help getting to health services (continued from previous page)        |                                                                     |                                     | Regulations (42 CFR 431.53) to provide necessary transportation for beneficiaries to and from providers.                                                                                                                                                                                                                                                                                                                                                          |
| You need drugs to treat your illness or condition (continued on the next page) | Medicare Part B prescription drugs                                  | \$0                                 | Certain drugs may require prior authorization.<br><br>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.                                                                                                                                                                                           |
|                                                                                | Medicare Part D prescription drugs<br>Generic Drugs (no brand name) | \$0 for a 31-day supply.            | There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice's <i>List of Covered Drugs (Drug List)</i> for more information.<br><br><b>Important Message About What You Pay for Vaccines</b> – 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. |
|                                                                                | Brand name drugs                                                    | \$0 for a 31-day supply.            | There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice's <i>List of Covered Drugs (Drug List)</i> for more information.                                                                                                                                                                                                                                                                                                          |



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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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need drugs to treat your illness or condition (continued from previous page)</b> | Over-the-counter (OTC) drugs    | \$0                                 | <p>Our Plan offers a supplemental benefit that provides an allowance towards the purchase of certain Over-the-Counter (OTC) items. For more information on this benefit contact IEHP DualChoice Member Services at the number at the bottom of this page.</p> <p>A \$40 dollar allowance is provided quarterly. Unused amounts does not carry forward to the next quarter. There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>In addition, you also have Medi-Cal OTC benefits. Please visit the Medi-Cal Rx website (<a href="http://www.medi-calrx.dhcs.ca.gov/home/contact">www.medi-calrx.dhcs.ca.gov/home/contact</a>) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273.</p> |
| <b>You need help getting better or have special health needs</b>                        | Rehabilitation services         | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                         | Medical equipment for home care | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                         | Dialysis services               | \$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 need foot care                                                                                                                                                                                                | Podiatry services                                                                        | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor.<br>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.                                                                    |
|                                                                                                                                                                                                                   | Orthotic services                                                                        | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                   |
| <b>You need durable medical equipment (DME)</b><br><br><b>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>Member Handbook</i>.</b> | Wheelchairs, crutches, and walkers                                                       | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                   | Nebulizers                                                                               | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                   | Oxygen equipment and supplies                                                            | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                   |
| You need help living at home (continued on the next page)                                                                                                                                                         | Home health services                                                                     | \$0                                 | Requires prior authorization.<br>Requires a referral from your doctor.<br>No waiver required.                                                                                                                                                   |
|                                                                                                                                                                                                                   | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0                                 | Requires prior authorization.<br><br>Personal Care and Homemaker Services. Individuals at risk for hospitalization, or institutionalization in a nursing facility or individuals with functional deficits and no other adequate support system. |



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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><b>You need help living at home (continued from previous page)</b></p> |                       |                                     | <p>Your care coordinator can help you apply for IHSS with your county social service agency.</p> <p>The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities. The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired. Your care coordinator can also help you receive the following community support services, if you meet the eligibility criteria: housing transition navigation services, housing deposits, housing tenancy and sustaining services, short-term post-hospitalization housing, recuperative care, respite services, day habilitation programs, nursing facility transition/diversion to assisted living facilities, community transition services/nursing facility transition to a home, personal care and homemaker services, environmental accessibility adaptations, medically-supportive food/medically tailored</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).

| Health need or concern                                      | Services you may need                                                              | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You need help living at home (continued from previous page) |                                                                                    |                                     | meals, sobering centers, and asthmas remediation.<br><br>To be eligible, you must 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.<br>Requires a referral from your doctor.<br>Our plan covers an unlimited number of days for an inpatient hospital stay when medically necessary.<br>Referral required for outpatient hospital services.<br><br>CBAS is an outpatient, facility-based service program where people attend based on a schedule. It offers skilled nursing care, social services, therapies (including occupational, physical, and speech), personal care, family/caregiver training and support, nutrition services, transportation, and other services. We will pay for CBAS if you meet the eligibility criteria. Call your doctor or IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 |



**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).

| Health need or concern                                      | Services you may need                                                                                 | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You need help living at home (continued from previous page) |                                                                                                       |                                     | days a week, including holidays. TTY users should call 1-800-718-4347.                                                                                                                                                                                                                                                                                            |
|                                                             | Day habilitation services                                                                             | \$0                                 | Requires prior authorization.<br><br>Day Habilitation is for individuals experiencing homelessness and entered housing in the last 24 months, and individuals at risk of homelessness or institutionalization whose housing stability could be improved through participation in day habilitation program.                                                        |
|                                                             | 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. For more information on IHSS, please see section D. |
| Additional services (continued on the next page)            | Chiropractic services                                                                                 | \$0                                 | Requires prior authorization.<br><br>Requires a referral from your doctor.<br><br>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                                 | Requires prior authorization.                                                                                                                                                                                                                                                                                                                                     |
|                                                             | Prosthetic services                                                                                   | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                                                                                                                                     |



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| Health need or concern                             | Services you may need                | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional services (continued from previous page) | Radiation therapy                    | \$0                                 | Requires prior authorization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                    | Services to help manage your disease | \$0                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                    | Vibrant Health Card                  | \$0                                 | <p>The Vibrant Health Card provides a \$65 per month allowance that can be used toward payment of utilities such as gas, water, trash or electricity bills.</p> <ul style="list-style-type: none"> <li>You must have at least one 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.</li> </ul> <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).

| Health need or concern                                | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------|-----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional services<br>(continued from previous page) |                       |                                     | Please see your Member Handbook for more information on eligibility requirements and benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                       | Healthy Meals         | \$0                                 | <p>Healthy meals for individuals with chronic conditions.</p> <ul style="list-style-type: none"> <li>• This benefit covers up to 2 meals per day for a maximum of 365 days in the plan year.</li> <li>• 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.</li> </ul> <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> <p>Please see your Member Handbook for more information on eligibility requirements and benefits.</p> |

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 *Member Handbook*. If you don't have a *Member Handbook*, call IEHP



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DualChoice Member Services at the numbers in the footer of this document to get one. If you have questions, you can also call Member Services or visit [www.iehp.org](http://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 in the footer of this document to find out about these services.

| Other services covered by Medicare, Medi-Cal, or a State Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Your costs                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
| <p>In-Home Supportive Services (IHSS)</p> <p><b><u>Riverside County:</u></b>      <b><u>San Bernardino County:</u></b></p> <p>1-888-960-4477              1-877-800-4544</p> <p>Monday through Friday    Monday through Friday</p> <p>7:30am-5:30pm              8am-5pm</p>                                                                                                                                                                                                                                                                                             | \$0                                                                                                                                                                            |
| <p>Certain dental services</p> <p>Dental Managed Care (DMC) member contact information can be found at <a href="http://www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation">www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation</a>.</p> <p>For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at <a href="http://smilecalifornia.org">smilecalifornia.org</a> or <a href="http://sonriecalifornia.org">sonriecalifornia.org</a>.</p> | \$0                                                                                                                                                                            |



**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).

| Other services covered by Medicare, Medi-Cal, or a State Agency              | Your costs |
|------------------------------------------------------------------------------|------------|
| 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        |

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

This is not a complete list. Call Member Services at the numbers in the footer of this document 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.                                                                          |  |
| 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. |  |



**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).

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

|                                                                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 *Member Handbook*. 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
  - 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



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- 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
  - 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



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- **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.dmhca.gov](http://www.dmhca.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 *Member Handbook*. If you have questions, you can call IEHP DualChoice Member Services 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.

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## **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 in the footer of this document. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call IEHP DualChoice Member Services at the numbers in the footer of this document.

Secure Fax: 1-909-890-5877  
Mail: IEHP DualChoice  
P.O. Box 1800  
Rancho Cucamonga, CA 91729-1800  
Email: [MemberServices@iehp.org](mailto:MemberServices@iehp.org)



**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).

Website: [www.iehp.org](http://www.iehp.org)

### **Department of Managed Health Care (DMHC)**

Call: **1-888-466-2219**

TTY: **1-877-688-9891**

Website: **<http://www.dmhc.ca.gov>**

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## **H. What to do if you suspect fraud**

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at IEHP DualChoice Member Services. Phone numbers are the numbers in the footer of this document.
- 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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**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call IEHP DualChoice Member Services:**



**CALL: 1-877-273-IEHP (4347)**

Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays. IEHP DualChoice Member Services also has free language interpreter services available for non-English speakers.



**TTY: 1-800-718-4347**

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays.



**FAX: (909) 890-5877**



**WRITE:** IEHP DualChoice

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



**EMAIL:** [memberservices@iehp.org](mailto:memberservices@iehp.org)



**WEBSITE:** [www.iehp.org](http://www.iehp.org)