IE♥HP

We heal and inspire the human spirit.

To:	Medicare PCPs, Specialists, Vision Providers & IPAs
From:	IEHP – Provider Relations
Date:	March 15, 2024
Subject:	**REMINDER: 2024 IEHP DualChoice (HMO D-SNP) Plan Benefits**

Thanks for your partnership in the IEHP DualChoice (HMO D-SNP) plan. Our network makes the difference; **this is a reminder that IEHP DualChoice (HMO D-SNP) Members receive great benefits!**

2024 Benefits	
Prescription Copays	$0 generic, brand medications and over-the-counter (OTC) medicines
Vision	• Exam/Lenses/Frame: Once every **12** months • Frames are covered up to **$350** and can only be applied to one frame. • Lenses are covered at 100% based on medical necessity and available benefit only. • Member may opt for contact lens in lieu of glasses. The $350 allowable will applied to the contact lens.
Utilities Allowance	$65 monthly allowance toward utility bills (up to $780 per year) This benefit is a part of special supplemental program for the chronically ill. Not all members qualify.
Over The Counter Items	$40 per quarter (every three months) toward the purchase of approved over the counter items
Transportation	Unlimited transportation to and from medical visits including dental visits and pharmacies. This is a Medi-Cal benefit

A full summary of the 2024 benefits is available at: IEHP - 2024 Plan Benefits or IEHP.org > Browse Plans > IEHP DualChoice > 2024 Plan Benefits

Your Members with both Medi-Cal and Medicare can enroll in IEHP DualChoice at any time.
Please let your eligible patients know that they can enroll by calling IEHP DualChoice at 1-800-741-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-IEHP (4347).

As a reminder, all IEHP communications can be found at: www.providerservices.iehp.org > Provider Central > News and Updates > Notices

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org