
3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

APPLIES TO:

- A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

- A. IEHP provides health care coverage to eligible Members in those areas of San Bernardino and Riverside Counties for which it is licensed as an HMO.

PROCEDURES:

- A. Geographic Service Area

IEHP is licensed to serve eligible Members in the zip codes within Riverside and San Bernardino Counties listed below

1. **Riverside County Zip Codes**

91752 Mira Loma	92254 Mecca
92201 Indio	92255 Palm Desert
92202 Indio	92258 North Palm Springs
92203 Indio	92260 Palm Desert
92210 Indian Wells	92261 Palm Desert
92211 Palm Desert	92262 Palm Desert
92220 Banning	92263 Palm Desert
92223 Beaumont	92264 Palm Desert
92230 Cabazon	92270 Rancho Mirage
92234 Cathedral City	92274 Thermal
92235 Cathedral City	92276 Thousand Palms
92236 Coachella	92282 White Water
92240 Desert Hot Springs	92292 Palm Springs
92241 Desert Hot Springs	92320 Calimesa
92247 La Quinta	92501 Riverside
92248 La Quinta	92502 Riverside
92253 La Quinta	92503 Riverside

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

92504 Riverside	92556 Moreno Valley
92505 Riverside	92557 Moreno Valley
92506 Riverside	92561 Mountain Center
92507 Riverside	92562 Murrieta
92508 Riverside	92563 Murrieta
92509 Riverside	92564 Murrieta
92513 Riverside	92567 Nuevo
92514 Riverside	92570 Perris
92515 Riverside	92571 Perris
92516 Riverside	92572 Perris
92517 Riverside	92581 San Jacinto
92518 Riverside	92582 San Jacinto
92519 Riverside	92583 San Jacinto
92521 Riverside	92584 Menifee
92522 Riverside	92585 Sun City
92530 Lake Elsinore	92586 Sun City
92531 Lake Elsinore	92587 Sun City
92532 Lake Elsinore	92589 Temecula
92536 Aguanga	92590 Temecula
92539 Anza	92591 Temecula
92543 Hemet	92592 Temecula
92544 Hemet	92593 Temecula
92545 Hemet	92595 Wildomar
92546 Hemet	92596 Winchester
92548 Homeland	92599 Perris
92549 Idyllwild	92860 Norco
92551 Moreno Valley	92877 Corona
92552 Moreno Valley	92878 Corona
92553 Moreno Valley	92879 Corona
92554 Moreno Valley	92880 Corona
92555 Moreno Valley	92881 Corona

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

92882 Corona

92883 Corona

2. San Bernardino County Zip Codes

91701 Rancho Cucamonga

92304 Amboy

91708 Chino

92305 Angelus Oaks

91709 Chino Hills

92307 Apple Valley

91710 Chino

92308 Apple Valley

91729 Rancho Cucamonga

92309 Baker

91730 Rancho Cucamonga

92310 Fort Irwin

91737 Rancho Cucamonga

92311 Barstow

91739 Rancho Cucamonga

92312 Barstow

91743 Guasti

92313 Grand Terrace

91758 Ontario

92314 Big Bear City

91761 Ontario

92315 Big Bear City

91762 Ontario

92316 Bloomington

91763 Montclair

92317 Blue Jay

91764 Ontario

92318 Bryn Mawr

91784 Upland

92321 Cedar Glen

91785 Upland

92322 Cedarpines Park

91786 Upland

92324 Colton

91798 Ontario

92325 Crestline

92252 Joshua Tree

92326 Crest Park

92256 Morongo Valley

92327 Daggett

92268 Pioneertown

92329 Phelan

92277 Twentynine Palms

92331 Fontana

92278 Twentynine Palms

92333 Fawnskin

92284 Yucca Valley

92334 Fontana

92285 Landers

92335 Fontana

92286 Yucca Valley

92336 Fontana

92301 Adelanto

92337 Fontana

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

92338 Ludlow	92386 Sugarloaf
92339 Forest Falls	92391 Twin Peaks
92340 Hesperia	92392 Victorville
92341 Green Valley Lake	92393 Victorville
92342 Helendale	92394 Victorville
92344 Hesperia	92395 Victorville
92345 Hesperia	92397 Wrightwood
92346 Highland	92398 Yermo
92347 Hinkley	92399 Yucaipa
92350 Loma Linda	92401 San Bernardino
92352 Lake Arrowhead	92402 San Bernardino
92354 Loma Linda	92403 San Bernardino
92356 Lucerne Valley	92404 San Bernardino
92357 Loma Linda	92405 San Bernardino
92358 Lytle Creek	92406 San Bernardino
92359 Mentone	92407 San Bernardino
92365 Newberry Springs	92408 San Bernardino
92368 Oro Grande	92410 San Bernardino
92369 Patton	92411 San Bernardino
92371 Phelan	92412 San Bernardino
92372 Pinon Hills	92413 San Bernardino
92373 Redlands	92414 San Bernardino
92374 Redlands	92415 San Bernardino
92375 Redlands	92418 San Bernardino
92376 Rialto	92420 San Bernardino
92377 Rialto	92423 San Bernardino
92378 Rimforest	92424 San Bernardino
92382 Running Springs	92427 San Bernardino
92385 Skyforest	

3. ENROLLMENT AND ASSIGNMENT

A. IEHP Service Area

B. Exclusions

The following listed zip codes are comprised of remote rural and/or mountainous areas and IEHP is not licensed to provide health care in these areas.

1. Riverside County Excluded Zip Codes

92225 Blythe
92226 Blythe
92239 Desert Center/Eagle Mountain

3. San Bernardino County Excluded Zip Codes

92242 Big River/Earp	92364 Nipton/Baker
92267 Parker Dam	92366 Mountain Pass
92280 Vidal/Blythe	93558 Red Mountain
92323 Cima	93562 Trona/Argus
92332 Essex	93592 Trona
92363 Needles	

C. To be eligible to enroll in IEHP Programs, Members must reside within the covered zip codes for Riverside or San Bernardino County.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective Date:	January 1, 2007
Chief Title: Chief Executive Officer	Revised Date:	January 1, 2010

3. ENROLLMENT AND ASSIGNMENT

B. Primary Care Physician (PCP) Assignment

APPLIES TO:

- A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

- A. Each Member enrolled in IEHP is assigned directly to a PCP and Hospital by the first day of becoming eligible based on Member selection or random assignment utilizing an auto-assignment algorithm.
- B. In rural areas where PCP coverage is limited, Members may be assigned to a Nurse Practitioner (hereinafter all references made to PCPs shall include Nurse Practitioners in rural areas), based on Member selection, or random assignment utilizing an auto-assignment algorithm.
- C. A Member may request to transfer to another PCP by calling an IEHP Member Services Representative (MSR) at 1-877-273-IEHP (4347), in accordance to Policy 17A1, "PCP Transfers, Voluntary."

PROCEDURE:

- A. IEHP receives eligibility and enrollment data files directly from the Centers for Medicare and Medicaid Services (CMS) containing enrollments, disenrollments and updated IEHP Medicare DualChoice (HMO SNP) member information.
- B. IEHP processes this information and assigns a PCP to each Member based on the following:
1. IEHP assigns Members to those PCPs that Members have selected on their IEHP Medicare DualChoice (HMO SNP) Enrollment form. If a Member does not make a PCP or Medical Group selection during the enrollment process, but the Member was previously associated with IEHP and assigned to a currently active IEHP Medicare contracted PCP, IEHP will continue the assignment.
 2. Member Choice/IEHP Contact – IEHP assigns members to those PCPs that they have requested through contact with an IEHP representative.
 3. Auto Assignment - Members who have not been assigned a PCP through either of the above processes are assigned a PCP using the IEHP Auto Assignment Process. The Auto Assignment process is a computer generated program that assigns Members to PCPs by comparing PCP and member demographics:
 - residence/geography
 - age
 - gender

3. ENROLLMENT AND ASSIGNMENT

B. Primary Care Physician (PCP) Assignment

- language
 - enrollment limits
- C. Members are allowed to change PCPs each month. IEHP Members can call IEHP Member Services to facilitate a PCP change. See Section 17, “Member Transfers and Disenrollment” for more information.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	January 1, 2007
Chief Title: Chief Executive Officer	Revised date:	January 1, 2010

3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards

APPLIES TO:

- A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

- A. All Members receive an IEHP Identification Card or Evidence of Coverage document, no later than the Member's effective date of IEHP Medicare DualChoice (HMO SNP) coverage. When an enrollment request is received less than ten (10) days from the end of the month, and the beneficiary is effective the 1st of the next month, ID cards will be sent within ten (10) calendar days after the receipt of CMS Confirmation of enrollment.

PROCEDURES:

A. **IEHP ID Card:**

1. Each Member receives an IEHP Identification (ID) Card no later than the Member's effective date of IEHP Medicare DualChoice (HMO SNP) coverage. The card contains the PCP name, office telephone number, after hours telephone number; assigned Hospital and general co-payment information (see Attachment 3-1 in Section 3, "Attachments").
2. If IEHP is unable to provide the Member Card prior to the effective date, it will provide it within 10 calendar days of receiving the CMS confirmation of enrollment. An evidence of insurance coverage document i.e. the completed Medicare Enrollment Form or acknowledgement of enrollment letter will be provided to the Member within 10 calendar days of receiving the completed enrollment request so that he/she may begin using services as of the effective date.
3. The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy 4B, "Eligibility Verification Methods."
4. Temporary IEHP ID Card:
 - a. A temporary IEHP ID Card is available for practitioners to print through the IEHP website at www.IEHP.org.
 - b. Temporary ID Cards are printed with an expiration date of the last day of the current month.
 - c. The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy MA_4A, "Eligibility Verification."

- B. Evidence of Coverage:

3. ENROLLMENT AND ASSIGNMENT

C. Member Identification Cards

1. IEHP is required to provide the Member with a form of evidence of coverage within ten (10) calendar days of the completed enrollment. IEHP will provide the Acknowledgment letter, see Attachment 3-4 in Section 3, "Attachments," which provides the Member ID, Effective Date of Coverage, RxID, RxGroup, RxPCN. This form may be used in place of the IEHP ID card. The provider should verify the eligibility as outlined in Policy 4B, "Eligibility Verification Methods."
2. IEHP is required to provide the Member with a confirmation of enrollment, see Attachment 3-4 in Section 3, "Attachments," and a LIS Rider letter, see Attachment 3-5 in Section 3, "Attachments," that states the Members Prescription Copay amounts, effective date of coverage, RxID, RxBin, and RxGroup within ten (10) calendar days of receiving enrollment verification from CMS. These forms may be used in place of the IEHP ID Card. The provider should verify the eligibility as outlined in Policy 4B, "Eligibility Verification Methods."

C. Medicare Card:

1. In addition to the IEHP ID Card, Medicare Members continue to receive their Medicare card issued by the Social Security Administration. The Medicare card only contains beneficiary identification information and does not guarantee eligibility.

D. Medi-Cal BIC Card:

1. In addition to the IEHP ID Card, Dual Eligible Special Needs Plan Medi-Cal eligible Members will continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility (see Attachment 3-2 in Section 3, "Attachments").

- E. Practitioners are encouraged to verify Member's identification through a secondary means, such as a Driver License or state identification card with both a picture and signature, when presented with an IEHP ID Card. This should be used as a precautionary measure to protect against fraud and abuse of the Member's ID card.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	January 1, 2007
Chief Title: Chief Executive Officer	Revised date:	January 1, 2012

3. ENROLLMENT AND ASSIGNMENT

D. Identifying IPA and Hospital Affiliation

APPLIES TO:

- A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

- A. In order for Providers to easily recognize a Member's PCP, IPA and Hospital affiliation, IEHP has developed unique IEHP assigned PCP numbers.

PROCEDURE:

- A. A PCP's IPA and Hospital affiliation is identified by a seven-character number assigned to that PCP by IEHP.
- B. Each character in the PCP's assigned identification number is coded to represent the following:
- 1st character identifies the IPA that the PCP is affiliated with
 - 2nd & 3rd characters identify the assigned Hospital that the PCP is affiliated with
 - 4th - 7th characters are unique to the PCP
- C. If a PCP has two different IPA affiliations or two Hospital affiliations, the last four characters of the PCP's assigned identification number are identical.
- D. It is very important for all Providers to train contracted PCPs and staff so they understand this coding mechanism to ensure referrals are made for the right Member to the correct Hospital.
- E. Attachment 3-3 in Section 3, "Attachments," is a list of contracted IEHP Providers with the code assigned to each. Provider staff should be aware of this system; IEHP uses these codes in correspondence with Providers.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	January 1, 2007
Chief Title: Chief Executive Officer	Revised date:	

3. ENROLLMENT AND ASSIGNMENT

E. Post Enrollment Kit

APPLIES TO:

- A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) Members.

POLICY:

- A. All Members receive a Post Enrollment Kit.

PROCEDURES:

- A. An IEHP Post Enrollment Kit is sent to all Members prior to the effective date of coverage with IEHP. Members enrolling late in the month will receive an IEHP Post Enrollment Kit within 10 calendar days of CMS approval.
- B. One Post Enrollment Kit is sent per Member household.
- C. The IEHP Post Enrollment Kit contains at a minimum the following materials:
1. IEHP Medicare DualChoice (HMO SNP) Welcome Letter
 2. IEHP Medicare DualChoice (HMO SNP) Member Handbook
 3. IEHP Medicare DualChoice (HMO SNP) Summary of Benefits
 4. IEHP Medicare DualChoice (HMO SNP) Formulary
 5. IEHP Medicare DualChoice (HMO SNP) Provider Directory
- D. The IEHP Post Enrollment Kit may include, but is not limited to the following materials:
1. IEHP Wellness Program information
 2. Relevant information regarding their program eligibility

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective date:	January 1, 2007
Chief Title: Chief Executive Officer	Revised date:	January 1, 2012

3. ENROLLMENT AND ASSIGNMENT

Attachments

<u>ATTACHMENT</u>	<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
3-1	IEHP ID Card	3F
3-2	Medi-Cal BIC Card	3F
3-3	Contracted IEHP Providers	3G
3-4	Acknowledgement Letter	3C
3-5	Confirmation of Enrollment	3C
3-6	LIS Rider	3C

Your new IEHP Card Your healthcare just gets better!

«Mbrfname» «Mbrlname»
«Address»
«City», «State» «Zip»

**Nuestra nueva Tarjeta de IEHP
¡Su cuidado de su salud
es simplemente mejor!**

Welcome! And thank you for choosing IEHP as your health plan

Your new IEHP Card gives you instant access to all your IEHP medical benefits! So peel it off from below and keep with you at all times – whether you're going for a regular check-up, picking up your medications, or for medical care when you least expect it.

You'll soon be receiving complete information about how to get health care services. In the meantime, if you have any questions or need to change your Doctor, call IEHP Member Services at 1-877-273-IEHP (4347)/1-800-718-4347 TTY, 8am - 6pm, Monday – Friday.

¡Bienvenidos! Y gracias por seleccionar a IEHP como su plan de salud.

Su nueva tarjeta de IEHP le da acceso inmediato a todos sus beneficios médicos de IEHP! Así que despéguela de abajo y utilícela para obtener la atención que necesita – sea que esté viendo a su Doctor o recogiendo medicamentos. Y puesto que nunca se sabe cuando es que va a necesitar atención médica, ¡consérvela con usted en todo momento!

Si usted tiene alguna pregunta o necesita cambiar de Doctor, llame a los Servicios para Miembros de IEHP al 1-877-273-IEHP (4347)/1-800-718-4347 TTY, 8am - 6pm, Lunes – Viernes.

Doctor: «ProvName»
«ProvAddress»
«ProvCity», «ProvState» «ProvZip»
«ProvTelephone»

Hospital: As Directed By Your Doctor

Name/Nombre: Printed: «Print_Date»
«Mbrfname» «Mbrlname»

If this is not your first IEHP Card, please destroy any old cards you may have.

Si esta no es su primera Tarjeta de IEHP, por favor destruya cualquier tarjeta vieja que tenga.

ID#: «SubId» «PersNo» **CMS Contract:** H5640 **Plan:** 001

DOB: «DateOfBirth» **Issuer No.:** 80840

Doctor: «ProvName» «IEHPPCPID»

Hospital: As Directed By Your Provider

Telephone/Teléfono: «ProvTelephone»

MedicareRx
Prescription Drug Coverage X

MD: \$0 **ER:** \$0 **HOSP:** \$0 **DENTAL:** \$0 **Vision:** \$0

Rx: \$0G/\$3.30B **RxBIN#** 012353 **RxPCN#** 04110000


RxGroup: 0000001

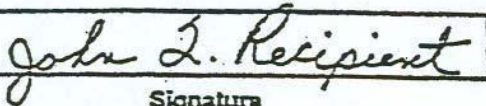
Nurse Advice Line/Linea de Consejo de Enfermera:
(888) 244-4347 or (888) 880-0833 TTY



INLAND EMPIRE HEALTH PLAN

**Plastic Benefits
Identification Card (BIC)**

	State of California
	Benefits Identification Card
ID No. 0123456789N012	
JOHN Q. RECIPIENT	
M	05 20 1961
Issue Date	03 01 94
Gender	Date of Birth


Signature
This card is for identification only. It does not guarantee eligibility. Misuse of this card is unlawful.

Sample Benefits Identification Card (BIC).
White Card with Blue Letters on Front, Black Letters on Back.



INLAND EMPIRE HEALTH PLAN

IPA NAME	IPA CODE
Alpha Care Medical Group	A
Inland Healthcare Group	B
Vantage Medical Group	C
LaSalle Medical Associates	E
Inland Faculty Medical Group	F
Inland Valleys	I
IEHP Direct	J
McKinley Medical Group	K
Physicians Health Network	N
Physicians Healthways	P
Riverside Family Health Medical Group	Q
Kaiser - Fontana & Riverside	X

HOSPITAL NAME	HOSP CODE
Community Hospital of San Bernardino	02
Corona Regional Medical Center	03
Desert Regional Medical Center	04
Hemet Valley Medical Center	06
John F. Kennedy Memorial Hospital	07
Loma Linda University Medical Center	08
Menifee Valley Medical Center	09
Redlands Community Hospital	11
Riverside County Regional Medical Center	12
Arrowhead Regional Medical Center	14
San Geronio Memorial Hospital	15
Rancho Springs Medical Center	16
St. Bernardine Medical Center	17
St. Mary Medical Center	18
Victor Valley Community Hospital	20
Kaiser Fontana/Riverside	22
Pomona Valley Hospital Medical Center	23
Parkview Community Hospital Med. Center	24
Riverside Community Hospital	25
Montclair Hospital Medical Center	26
Barstow Community Hospital	27
Inland Valley Regional Medical Center	28
Mountains Community Hospital	29
Eisenhower Medical Center	31
CHSB (IEHP-Direct)/LaSalle)	33
Kiser Foundation Hospital MVH	39
Network Access as Directed by Your Doctor	88



INLAND EMPIRE HEALTH PLAN

<Letter Date>

<Member Name>
<Address>
<City>, <State> <Zip>

RxID: <IEHP ID>
RxGroup: <RxGroup>
RxBin: <RxBin>
RxPCN: <RxPCN>

Dear <Member Name>:

Thank you for enrolling in IEHP Medicare DualChoice (HMO SNP). Beginning <effective date>, you must see IEHP Medicare DualChoice doctor(s) for your health care. This means that starting <effective date>, all of your health care, except emergency or urgently needed care, or **out-of-area dialysis services**, must be given or arranged by an IEHP Medicare DualChoice doctor(s). You will need to pay your plan co-payments and coinsurance at the time you get health care services, as described in your member materials. This letter is proof of insurance that you should show at your doctor' appointments until you get your member card from us. This letter is also proof of your prescription drug coverage. You should show this letter at the pharmacy until you get your member card from us.

What should I do now?

Medicare must review all enrollments. We will send your enrollment to Medicare, and they will do a final review. When Medicare finishes its review, we will send you a letter to confirm your enrollment with IEHP Medicare DualChoice. But, you shouldn't wait to get this letter before you begin using IEHP doctors on <effective date>. Also, don't cancel any Medigap/Medicare Select or supplemental insurance that you have until we send you the confirmation letter.

What do I need to know about getting health care services?

You must have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) to be a member of IEHP Medicare DualChoice. If you don't have Medicare Parts A and B, we will bill you for any health care you receive from us, and neither Medicare nor IEHP Medicare DualChoice will pay for those services. Also, if you have end stage renal disease (ESRD), you may not be able to be a Member of IEHP Medicare DualChoice, and we may have to send you a bill for any health care you've received.

Please remember that, except for emergency or out-of-area urgent care, or out-of-area dialysis services, if you get health care services from a non-IEHP Medicare DualChoice doctor without prior authorization, you will have to pay for these services yourself.

When can I make changes to my coverage?

Once enrolled in our plan, you can make changes only during certain times of the year. From October 15th through December 7th each year, anyone can make any type of change. From January 1 through February 14, anyone enrolled in a Medicare Advantage Plan has an opportunity to disenroll from that plan and return to Original Medicare. Also from January 1st through February 14th you can add drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan. If you join a Medicare Prescription Drug Plan, you will be automatically disenrolled from our plan and returned to Original Medicare. Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area or qualify for extra help with your prescription drug costs. If you qualify, you may enroll in or disenroll from a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help. If you have more questions about this, please feel free to call IEHP Medicare DualChoice (HMO) at 1-877-273-IEHP (4347).

What else do I need to know about my coverage?

You need to choose a Primary Care Doctor, sometimes referred to as a PCP. Before choosing your Doctor, take a moment to consider which type of Primary Care Doctor is best for you. Your Primary Care Doctor selection will determine which Hospital you will go to if you need inpatient or outpatient care. Here is a list of the types of Primary Care Doctors you can choose:

- Family and General Practice Doctors usually can see the whole family
- Internal Medicine Doctors usually sees only Members ages 14 years or older
- Pediatricians see children from newborn to age 18 or 21
- Obstetricians and Gynecologists (OB/GYNs) see only women and specialize in women's health and maternity care. Only those OB/GYNs listed in the "Primary Care Doctors and Hospitals" section can be chosen as your Primary Care Doctor.
- Nurse Practitioners (NP) who usually can see the whole family. To check any age restrictions, call IEHP Member Services.

You will receive your IEHP Medicare DualChoice ID Card soon. Please carry your ID card with you. The ID card will list the name and address of the Primary Care Doctor that you have chosen.

If you have any questions, please call IEHP Member Services at 1-877-273-IEHP (4347). TTY users should call 1-800-718-4347. We are open from 8:00 am to 8:00 pm (PST), 7 days a week, including holidays.

Thank you.

IEHP Member Services

IEHP Medicare DualChoice (HMO SNP) is a Medicare Advantage Organization with a Medicare Contract.



INLAND EMPIRE HEALTH PLAN

<Date of letter>

<Member Name>

<Address>

<City>, <State> <Zip>

RxID: <IEHPID>

RxGroup: <RxGroup>

RxBin: <RxBin>

RxPCN: <RxPCN>

Dear <Member Name>:

Please be sure to keep a copy of this letter for your records. Medicare has approved your enrollment in IEHP Medicare DualChoice (HMO SNP) beginning <effective date>.

What are my costs since I qualify for extra help?

Because you qualify for extra help with your prescription drug costs, you will pay no more than:

- A monthly premium of \$0
- \$0 for your yearly prescription drug plan deductible,
- \$0 copayment for generic prescription and <\$0/\$3.30/\$6.30> when you fill a prescription covered by IEHP Medicare DualChoice

If you believe this is incorrect and you have proof that the extra help amounts should be different, please contact IEHP Medicare DualChoice at the phone number provided at the end of this letter.

What if I have a Medigap (Medicare Supplemental Insurance) policy or other supplemental insurance?

Now that we have confirmed your enrollment, you may cancel any Medigap policy or supplemental insurance that you have. Please note that if this is the first time that you are a member of a Medicare Advantage or Medicare Cost Plan, you may have certain rights to **leave** (disenroll from) IEHP Medicare DualChoice and buy a Medigap policy. Please contact 1-800-MEDICARE (1-800-633-4227) for further information about Medigap policies. TTY users should call 1-877-486-2048.

Please call IEHP Member Services at 1-877-273-IEHP (4347) if you have any questions. TTY user should call 1-800-718-4347. We are open from 8:00 am to 8:00 pm (PST), 7 days a week, including holidays.

Thank you.

IEHP Member Services

IEHP Medicare DualChoice (HMO SNP) is a Medicare Advantage Organization with a Medicare Contract

Evidence Of Coverage Rider For People Who Get Extra Help Paying for Prescription Drugs

[Date]

[Member Name]

[Address]

[City], CA [Zip]

Dear <Member Name>:

Effective Date <Effective Date>

Please keep this notice - it is part of IEHP Medicare DualChoice (HMO SNP) Evidence of Coverage.

Our records show that you qualify for extra help paying for your prescription drug coverage. This means that you will receive help in paying for your monthly premium, and prescription drug co-payments.

As a member of our Plan, you will receive the same coverage as someone who is not getting extra help. Your membership in our Plan will not be affected by the extra help. This also means that you must follow all the rules and procedures in the Evidence of Coverage.

Please see the chart below for a description of your prescription drug coverage:

Your monthly plan premium is	Your yearly deductible is	Your co-payment amount for generic/preferred multi-source drugs is no more than	Your co-payment amount for all other drugs is no more than
\$0*	\$0	\$0 (each prescription)	[<\$0>/<\$3.30>/<\$6.30>] (each prescription)

* The monthly plan premium does not include any Medicare Part B premium that you may still need to pay. The plan premium you pay has been calculated based on the Plan's premium and the amount of extra help you get.

Please refer to your Evidence of Coverage for more information on paying your plan premium.

Once the amount both you **and** Medicare pay (as the extra help) reach \$4,550 in a year, your co-payment amount(s) will go down to \$0 per prescription.

Medicare or Social Security will periodically review your eligibility to make sure that you still qualify for extra help with your Medicare prescription drug plan costs. Your eligibility for extra help might change if there is a change in your income or resources, if you get married or become single, or you lose Medicaid.

Evidence Of Coverage Rider For People Who Get Extra Help Paying for Prescription Drugs

If you have any questions about this notice, please call IEHP Member Services at 1-877-273-IEHP (4347). TTY users should call 1-800-718-IEHP (4347). We are open from 8 a.m. to 8 p.m., PST, 7 days a week including holidays.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

To receive material in an alternate format or language, please contact IEHP Member Services at 1-877-273-IEHP (4347). TTY users should call 1-800-718-IEHP (4347). We are open from 8 am to 8 pm, PST 7 days a week including holidays.

Thank you.

IEHP Member Services

IEHP Medicare DualChoice (HMO SNP) is a Medicare Advantage Organization with a Medicare Contract.