



# IEHP DualChoice Cal MedConnect Plan (Medicare-Medicaid Plan):

## Summary of Benefits 2022

### 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, 2022 through December 31, 2022. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- ❖ Under IEHP DualChoice you can get your Medicare and Medi-Cal services in one health plan. A IEHP DualChoice care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST) 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.
- ❖ ATENCIÓN: Si usted prefiere comunicarse en un idioma que no es inglés, sin cargo, a su disposición. Llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8am a 8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille or audio. Call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.
- ❖ To make a standing request or change a standing request to receive materials in Spanish or in an alternate format, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.



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# IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2022

## B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Cal MediConnect Plan?</b>	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need. IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
<b>What is a IEHP DualChoice care coordinator?</b>	A IEHP DualChoice care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are Long-Term Services and Supports (LTSS)?</b>	<p>LTSS are for members who need assistance to do everyday tasks like taking a bath, 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.</p> <p>LTSS include the following programs: Community-Based Adult Services (CBAS) and long-term skilled nursing care provided by Nursing Facilities (NF).</p>
<b>Will I get the same Medicare and Medi-Cal benefits in IEHP DualChoice that I get now? (continued on the next page)</b>	<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.</p> <p>When you enroll in IEHP DualChoice, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. Also, if you are taking any Medicare Part D prescription drugs that IEHP</p>



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Frequently Asked Questions (FAQ)	Answers
<p><b>Will I get the same Medicare and Medi-Cal benefits in IEHP DualChoice that I get now? (continued from previous page)</b></p>	<p>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.</p>
<p><b>Can I go to the same doctors I use now?</b></p>	<p>Often that is the case. If your providers (including doctors and pharmacies) 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 who have an agreement with us are “in-network.” <b>You must use the providers in IEHP DualChoice’s network.</b></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. IEHP DualChoice does not cover urgently needed care or any other care if you receive the care outside of the United States.</li> </ul> <p>To find out if your doctors are in the plan’s network, call Member Services or read IEHP DualChoice’s <i>Provider and Pharmacy Directory</i> on the plan’s website at &lt;web address&gt;.</p> <p>If IEHP DualChoice is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue using the doctors you use now for as long as your doctor(s) agrees with IEHP’s terms and rates and has no quality issues, for a period of up to 12 months for services covered by Medicare, and up to 12 months for services covered by Medi-Cal.</p>
<p><b>What happens if I need a service but no one in IEHP DualChoice’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, IEHP DualChoice will pay for the cost of an out-of-network provider.</p>



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Frequently Asked Questions (FAQ)	Answers
<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>* Denotes partial county. Call IEHP DualChoice Member Services for more information about whether the plan is available where you live.</p>
<b>Do I pay a monthly amount (also called a premium) under IEHP DualChoice?</b>	<p>You will not pay any monthly premiums to IEHP DualChoice for your health coverage.</p>
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from IEHP DualChoice before you can get a specific service or drug or use an out-of-network provider. IEHP DualChoice may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. IEHP DualChoice can provide you with a list of services or procedures that require you to obtain prior authorization from IEHP DualChoice before the service is provided.</p> <p>Refer to Chapter 3, (<i>Using the plan's coverage for your health care and other covered services</i>) of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>



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Frequently Asked Questions (FAQ)	Answers
<p><b>What is a referral?</b></p>	<p>A referral means that your primary care physician (PCP) must give you approval before you can go to someone that is not your PCP or use other providers in the plan’s network. If you don’t get approval, IEHP DualChoice may not cover the services. You don’t need a referral to use certain specialists, such as women’s health specialists.</p> <p>Refer to Chapter 3, (<i>Using the plan’s coverage for your health care and other covered services</i>) of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<p><b>Who should I contact if I have questions or need help? (continued on the next page)</b></p>	<p><b>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call IEHP DualChoice Member Services:</b></p> <p><b>CALL</b>     1-877-273-IEHP (4347)</p> <p>Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays</p> <p>IEHP DualChoice Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY</b>        1-800-718-4347</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays.</p>



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Who should I contact if I have questions or need help? (continued from previous page)

**If you have questions about your health, please call the Nurse Advice Call line:**

**CALL** 1-888-244-IEHP (4347)

Calls to this number are free. 24 hours per day, 7 days a week

**TTY** 1-866-577-8355

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Calls to this number are free. 24 hours per day, 7 days a week.

**If you need immediate behavioral health services, 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

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

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays



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## C. Overview of Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor (This service is continued on the next page)</b>	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$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 includes only Non-Medical Transportation (NMT). This benefit authorizes ground transportation of Members to medical services by passenger vehicle, taxi, or other forms of public/private conveyances provided by persons not registered as Medi-Cal providers. Does not include the transportation of sick, injured, invalid, convalescent, infirm, or otherwise incapacitated Members by ambulance, litter van or wheelchair van medical transportation services. The plan will ensure compliance with the Medical Assurance of Transportation provisions of the Code of Federal Regulations (42 CFR 431.53) to provide necessary transportation for beneficiaries to and from providers.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor (continued)</b>	Specialist care	\$0	Requires prior authorization. Requires a referral from your doctor
	Care to keep you from getting sick, such as flu shots	\$0	Any additional preventive services approved by Medicare during the contract year will be covered.
	“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 medical tests</b>	Lab tests, such as blood work	\$0	Requires prior authorization. Requires a referral from your doctor
	X-rays or other pictures, such as CAT scans	\$0	Requires prior authorization. Requires a referral from your doctor
	Screening tests, such as tests to check for cancer	\$0	Requires prior authorization. Requires a referral from your doctor
<b>You need drugs to treat your illness or condition (This service is continued on the next page)</b>	Generic drugs (no brand name)	Your copay for a one-month (31-day) supply is <b>\$0 per prescription</b>	There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice’s <i>List of Covered Drugs</i> (Drug List) for more information.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Brand name drugs	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice's <i>List of Covered Drugs</i> (Drug List) for more information.
	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to IEHP DualChoice's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	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.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Requires prior authorization. <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. Beneficiary must be 18 years or older and meet nursing facility level of care.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services	\$0	Emergency room services will be provided out-of-network and without prior authorization requirements. Not covered outside the U.S. Contact the Plan for details.
	Ambulance services	\$0	Non-Emergency ambulance transportation
	Urgent care	\$0	Urgent care services will be provided out-of-network and without prior authorization requirements. Not covered outside the U.S. Contact the Plan for details.
<b>You need hospital care</b>	Hospital stay	\$0	Requires prior authorization. Our plan covers an unlimited number of days for an inpatient hospital stay. Referral required for outpatient hospital services.
	Doctor or surgeon care	\$0	Requires prior authorization. Requires a referral from your doctor.
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Requires prior authorization. Requires a referral from your doctor.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Medical equipment for home care	\$0	Requires prior authorization. Requires a referral from your doctor.  Durable medical equipment for use outside the home.
	Skilled nursing care	\$0	Requires prior authorization. Requires a referral from your doctor. Our plan covers an unlimited number of days in a SNF. Less than 3-day inpatient hospital stay prior SNF admission: Admission requires PCP authorization. Prior authorization is required for additional or non-Medicare covered stay.
You need eye care	Eye exams	\$0	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). <ul style="list-style-type: none"> <li>Medicare-covered glaucoma screening.</li> </ul> Routine eye exam (for up to 1 every year).
	Glasses or contact lenses	\$0	We will pay for the following services: <ul style="list-style-type: none"> <li>One routine eye exam every year; and</li> <li>Up to \$150 for eyeglasses (frames and lenses) or up to \$150 for contact lenses every two years.</li> </ul>



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You need hearing or auditory services	Hearing screenings	\$0	Requires prior authorization. Requires a referral from your doctor. Exam to diagnose and treat hearing and balance issues.
	Hearing aids	\$0	Requires prior authorization. <ul style="list-style-type: none"> <li>Hearing aid fitting/evaluation (for up to 1 every year).</li> </ul> Hearing aid benefit is \$1,510 per fiscal year (July 1-June 30), and includes molds, modification supplies and accessories.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Requires prior authorization. Requires a referral from your doctor. Any additional preventive services approved by Medicare during the contract year will be covered
	Diabetes supplies and services	\$0	Requires prior authorization. Requires a referral from your doctor <ul style="list-style-type: none"> <li>Diabetes monitoring supplies</li> <li>Therapeutic shoes or inserts</li> </ul>



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<b>You have a mental health condition</b>	Mental or behavioral health services	\$0	Requires prior authorization. Requires a referral from your doctor. <ul style="list-style-type: none"> <li>• Individual therapy visit</li> <li>• Group therapy visit</li> </ul>
<b>You have a substance abuse problem</b>	Substance abuse services	\$0	Requires prior authorization. Requires a referral from your doctor. <ul style="list-style-type: none"> <li>• Individual therapy visit</li> </ul> Group therapy visit
<b>You need long-term mental health services</b>	Inpatient care for people who need mental health care	\$0	Requires prior authorization. Our plan covers an unlimited number of days for an inpatient hospital stay. Referral required for outpatient hospital services.
<b>You need durable medical equipment (DME) (This service is continued on the next page)</b>	Wheelchairs	\$0	Requires prior authorization. Requires a referral from your doctor.
	Nebulizers	\$0	Requires prior authorization. Requires a referral from your doctor.
	Crutches	\$0	Requires prior authorization. Requires a referral from your doctor.
	Walkers	\$0	Requires prior authorization. Requires a referral from your doctor.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME) (continued)</b>	Oxygen equipment and supplies	\$0	Requires prior authorization. Requires a referral from your doctor.
<b>You need help living at home (This service is continued on the next page)</b>	Meals brought to your home	\$0	To be eligible, you must be 65 years of age or older, live within a site's services area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.
	Home services, such as cleaning or housekeeping	\$0	To be eligible, you must be 65 years of age or older, live within a site's services area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.
	Changes to your home, such as ramps and wheelchair access	\$0	To be eligible, you must be 65 years of age or older, live within a site's services area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>	Home health care services	\$0	Requires prior authorization. Requires a referral from your doctor. No waiver required.
	Adult day services or other support services	\$0	Requires prior authorization. Requires a referral from your doctor. Our plan covers an unlimited number of days for an inpatient hospital stay. Referral required for outpatient hospital services.
<b>You need a place to live with people available to help you</b>	Assisted living or other housing services	\$0	To be eligible, you must be 65 years of age or older, live within a site's services area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.
	Nursing home care	\$0	Requires prior authorization. Requires a referral from your doctor
<b>Your caregiver needs some time off</b>	Respite care	\$0	Limited benefit restricted to those with specific needs as determined by individualized care plan. Please contact the plan for details.



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<b>Additional covered services</b>	Acupuncture	\$0	<p>Requires prior authorization.</p> <p>We will pay for up to two outpatient acupuncture services in any one calendar month, or more often if they are medically necessary.</p> <p>Not reimbursable when billed as an emergency or inpatient service. Must be used to treat a condition also covered by other modalities.</p> <p>Covered when provided by physician, dentist, podiatrist or acupuncturist.</p> <p>Prior Authorization required for pregnant women.</p>
	Care Plan Optional (CPO) services	\$0	<p>CPO services may be available under your Individualized Care Plan. These services give you more help at home, like med-alert bracelets and respite care. These services can help you live more independently but do not replace long-term services and supports (LTSS) that you are authorized to get under this plan. If you need help or would like to find out how CPO services may help you, contact your care coordinator.</p>

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	Chiropractic Care	\$0	<p>Requires prior authorization.</p> <p>Requires a referral from your doctor.</p> <p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</p>
	Family Planning Services	\$0	<p>The law lets you choose any provider for certain family planning services. This means any doctor, clinic, hospital, pharmacy or family planning office. We will also pay for some other family planning services. However, you must see a provider in our provider network.</p>
	Podiatry	\$0	<p>Requires prior authorization.</p> <p>Requires a referral from your doctor.</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>




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## D. Services covered outside of IEHP DualChoice

This is not a complete list. Call Member Services to find out about other services not covered by IEHP DualChoice but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	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.
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and	\$0
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	<p>Services that are covered under the Medi-Cal Dental Program are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by the Medi-Cal Dental Program.</p> <p>For more information, or if you need help finding a dentist who accepts Medi-Cal Dental, please contact the Medi-Cal Dental Program Beneficiary Customer Service line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free. Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the Denti-Cal website at <a href="https://www.denti-cal.ca.gov/">https://www.denti-cal.ca.gov/</a> for more information.</p>
In-Home Supportive Services (IHSS)	<p>\$0</p> <p>If you need help with your In-Home Support Services (IHSS) benefits, contact your local County Social Services Department. Please refer to Chapter 2 (Important Phone Numbers and Resources) of the IEHP DualChoice Member Handbook.</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).

# IEHP DualChoice Cal MedConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2022

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

This is not a complete list. Call IEHP DualChoice Member Services to find out about other excluded services.

Services not covered by IEHP DualChoice, Medicare, or Medi-Cal	
Other alternative therapies.	

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## 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 race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Get information in other formats (e.g., large print, braille, and/or audio)
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
- **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 format you can understand. These rights include getting information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you



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# IEHP DualChoice Cal MedConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2022

- Names of health care providers and care managers
- **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 doctor advises against it
  - Stop taking medicine
  - Ask for a second opinion. IEHP DualChoice will pay for the cost of your second opinion visit.
  - Create and apply an advance directive, such as a will or health care proxy.
- **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 you communicate with your doctors and your health plan. Call 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays if you need help with this service. TTY users should call 1-800-718-4347. if you need help with this service
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services, 24 hours a day, 7 days a week, without prior approval 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



**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).

# IEHP DualChoice Cal MedConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2022

- Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers with the California Department of Managed Health Care (DMHC). The DMHC has a toll-free phone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC's website ([www.dmhc.ca.gov](http://www.dmhc.ca.gov)) has complaint forms, Independent Medical Review (IMR) application forms and instructions online. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
  - Ask for a state fair hearing from the State of California
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the IEHP DualChoice *Member Handbook*. If you have questions, you can also call IEHP DualChoice Member Services.

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## G. How to file a complaint or appeal a denied service

If you have a complaint or think IEHP DualChoice should cover something we denied, call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays if you need help with this service. TTY users should call 1-800-718-4347.. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the IEHP DualChoice *Member*. You can also call IEHP DualChoice Member Services.

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

# IEHP DualChoice Cal MedConnect Plan (Medicare-Medicaid Plan): Summary of Benefits 2022

## Department of Managed Health Care

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 on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



**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).



## 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.

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### **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.

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### **Fax: (909) 890-5877**

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### **Write: IEHP DualChoice**

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

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

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