



YOUR MEDICARE SUMMARY OF BENEFITS GUIDE

Kern Family Health Care Medicare (D-SNP), HMO D-SNP | 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Kern Family Health Care Medicare (D-SNP). 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 Kern Family Health Care Medicare (D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by Kern Family Health Care Medicare (D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can call Member Services at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30, or visit our website at <https://www.kernfamilyhealthcare.com> to get a copy of the Member Handbook.

- ❖ Kern Family Health Care Medicare (D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide enrollees with the benefits of both programs. Enrollment in Kern Family Health Care Medicare (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) or by calling 1-800-MEDICARE (1-800-633-4227). 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/) 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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you need help in your language, call 1-866-661-3767 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-866-661-3767 (TTY: 711). These services are free of charge.



If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-866-661-3767 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبري. اتصل بـ 1-866-661-3767 (TTY: 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1- 866-661-3767 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-866-661-3767 (TTY: 711): Այդ ծառայություններն անվճար են:

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-866-661-3767 (TTY: 711)。
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 1-866-661-3767 (TTY: 711)。这些服务都是免费的。

ਪੰਜਾਬੀ (Punjabi)

м д , м ^ : " о о л р д , и - и с л , ~~ж~~л м ~~ж~~ ~~ж~~ ~~ж~~ и а в д о и , а , [81-866-661-3727] (TTY: [711). Р и " а в и а н с д и " л Р " о о ~~ж~~л ~~ж~~и ~~ж~~ , " ~~ж~~ , ~ а Р " о о и : и н , ~~ж~~л ~~ж~~с " л ~~ж~~о , ~~ж~~и и а ~ ~~ж~~ д , | , а , [81-866-661-3727] (TTY: [711). л д с о ~~ж~~л ~~ж~~и ~~ж~~ _ о " д , |

ह िंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-866-661-3767 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के ललए सहायता और सेवाएँ , जैसे ब्रेल और बडे लरेंट में भी दस्तावेज़ उपलब्ध हैं। 1-866-661-3767 (TTY: 711) पर कॉल करें। ये सेवाएँ लन: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-866-661-3767 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-866-661-3767 (TTY: 711). 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 1-866-661-3767 (TTY: 711) 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。 1-866-661-3767 (TTY: 711) 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)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-866-661-3767 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과서비스도 이용 가능합니다. 1-866-661-3767 (TTY: 711) 번으로문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃ້ທາງເບີ 1-866-661-3767 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ອາດຈະການບໍລິການສໍາລັບຄົນພິການ ນອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕເພີມໃຫຍ່ ໃຫ້ໃ້ທາງເບີ 1-866-661-3767 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-866-661-3767 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-866-661-3767 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសាសំអុន សូមទូរស័ព្ទទៅលេខ 1-866-661-3767 (TTY:711)។ ជំនួយនិងបស្ចាគមាតិកា ជនពិការដូចជាឯកសារសរសេរជាអ្នកសរសេរផ្ទាល់ ជនពិការភ្នែកឬឯកសារសរសេរជាអ្នកពុំមឺន ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទទៅលេខ [1-866-661-3767 (TTY:711) ។ បស្ចាគមាតិកា ឯបន្តៈមិនគិតថ្លៃ ឡើយ។

فارسی (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با (TTY: 711) 1-866-661-3767 تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (TTY: 711) 1-866-661-3767 تماس بگیرید. این خدمات رایگان ارائه میشوند.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-866-661-3767 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-866-661-3767 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-866-661-3767 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-866-661-3767 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-866-661-3767 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-866-661-3767 (TTY: 711). Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-866-661-3767 (TTY: 711) น
นอกจากนี้ ยังพร้อมให้ ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น
เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่
กรุณาโทรศัพท์ไปที่หมายเลข 1-866-9661-3767 (TTY: 711) ไม่มีค่าใช้จ่ายส
หรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-866-661-3767 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-866-661-3767 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-866-661-3767 (TTY: 711). 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 1-866-661-3767 (TTY: 711). Các dịch vụ này đều miễn phí.

- ❖ This document is available for free in Spanish.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English and/or in an alternate format, please contact Member Services at 1-866-661-3767, TTY: 711, 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. A representative can help you make or change a standing request.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi 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.
Will I get the same Medicare and Medi-Cal benefits in Kern Family Health Care Medicare (D-SNP) that I get now? (continued on the next page)	You'll get most of your covered Medicare and Medi-Cal benefits directly from Kern Family Health Care Medicare (D-SNP). You'll 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. When you enroll in Kern Family Health Care Medicare (D-SNP), 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.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.



Frequently Asked Questions	Answers
Will I get the same Medicare and Medi-Cal benefits in Kern Family Health Care Medicare (D-SNP) that I get now? (continued from previous page)	If you're taking any Medicare Part D drugs that Kern Family Health Care Medicare (D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Kern Family Health Care Medicare (D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.
Can I use the same doctors I use now? (continued on the next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Kern Family Health Care Medicare (D-SNP) and have a contract with us, you can keep going to them. • 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. You must use the providers in Kern Family Health Care Medicare (D-SNP)'s network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Kern Family Health Care Medicare (D-SNP)'s plan.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	• If you're currently under treatment with a provider that's out of Kern Family Health Care Medicare (D-SNP) network or have an established relationship with a provider that's out of Kern Family Health Care Medicare (D-SNP) network, call Member Services to check about staying connected and ask for continuity of care. • If our plan is new for you, you can keep using 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 your doctors are not in our network, you can keep your current providers and service authorizations at the time you enroll for up to 12 months if all of the following conditions are met: - o You, your representative, or your provider asks us to let you keep using your current provider. - o Kern Family Health Care Medicare (D-SNP) is able to determine that you have an existing relationship with the provider and are currently under treatment. - o The provider is willing to contract with Kern Family Health Care Medicare (D-SNP). - o The provider meets applicable professional standards and has no quality-of-care issues. To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Kern Family Health Care Medicare (D-SNP)'s Provider and Pharmacy Directory on the plan's website at https://www.kernfamilyhealthcare.com. If Kern Family Health Care Medicare (D-SNP) is new for you, we'll work with you to develop a care plan to address your needs.

Frequently Asked Questions	Answers
What's a Kern Family Health Care Medicare (D-SNP) care coordinator?	A Kern Family Health Care Medicare (D-SNP) 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.
What's a Multipurpose Senior Services Program (MSSP)?	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.
What happens if I need a service but no one in Kern Family Health Care Medicare (D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Kern Family Health Care Medicare (D-SNP) will pay for the cost of an out-of-network provider.
Where's Kern Family Health Care Medicare (D-SNP) available?	The service area for this plan includes: Kern County, California. You must live in this area to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Kern Family Health Care Medicare (D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Kern Family Health Care Medicare (D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Kern Family Health Care Medicare (D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Kern Family Health Care Medicare (D-SNP) 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 listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Kern Family Health Care Medicare (D-SNP) may not cover the services. Kern Family Health Care Medicare (D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Kern Family Health Care Medicare (D-SNP)?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.

Frequently Asked Questions	Answers
Do I pay a deductible as a member of Kern Family Health Care Medicare (D-SNP)?	No. You don't pay deductibles in Kern Family Health Care Medicare (D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Kern Family Health Care Medicare (D-SNP)?	There's no cost sharing for medical services in Kern Family Health Care Medicare (D-SNP), so your annual out-of-pocket costs will be \$0.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

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	Services may require prior authorization.
	Doctor or surgeon care	\$0	Services may require prior authorization.
	Outpatient hospital services, including observation	\$0	Services may require prior authorization and/or a referral.
	Ambulatory surgical center (ASC) services	\$0	Services may require prior authorization and/or a referral.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	You must use in-network doctors, specialists, and hospitals.
	Specialist care	\$0	Services may require a referral.
	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	

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	"Welcome to Medicare" (preventive visit one time only)	\$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.
You need emergency care	Emergency room services	\$0	Emergency room services are covered in-network and out-of-network without prior authorization.
	Urgent care	\$0	Urgent Care services are covered in-network and out-of-network without prior authorization.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Services may require prior authorization and/or a referral.
	Lab tests and diagnostic procedures, such as blood work	\$0	Services may require prior authorization and/or a referral.
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	\$1,500 allowance per year for both ears combined.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	Starting July 1, 2026, Medi-Cal covers dental check-ups and preventative care for: - Members who are eligible for federal full-scope Medi-Cal - Members who are not eligible for federal full-

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			scope Medi-Cal and meet at least one of the 3 exceptions below: ○ Under age 19; ○ Designated by the county as pregnant (and up to one year after pregnancy ends); and/or ○ Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday. Our plan covers dental services and procedures including: • Oral Exams – 1 per year • Cleanings – 1 per year • Fluoride Treatment – 1 per year • X-Rays – 1 every year • 1 nutritional counseling visit per year for control of dental disease Services may require prior authorization and/or a referral. For more information about Medi-Cal dental benefits and providers, you can visit the website at https://dental.dhcs.ca.gov/.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	\$0	Starting July 1, 2026, Medi-Cal covers dental restorative care for: • Members who are eligible for federal full-scope Medi-Cal • Members who are not eligible for federal full-scope Medi-Cal and meet at least one of the 3 exceptions below: ○ Under age 19; ○ Designated by the county as pregnant (and up to one year after pregnancy ends); and/or ○ Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday. Our plan covers dental services and procedures including: • Restorative services • Periodontic services • Prosthodontic services (fixed and removable)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			Services may require prior authorization and/or a referral. Medi-Cal covers emergency dental care for all members. For more information about Medi-Cal dental benefits and providers, you can visit the website at https://dental.dhcs.ca.gov/.
You need eye care	Eye exams	\$0	Medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk. Up to 1 routine eye exam every year
	Glasses or contact lenses	\$0	One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery. \$300 allowance per year for routine frames and contact lenses Routine single vision, lined bifocal, lined trifocal, and lenticular lenses are covered in full.
	Other vision care	\$0	

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services	Mental health services	\$0	Medicare Coverage includes: • Individual and group therapy visits • Partial Hospital Program • Intensive Outpatient Program Services • Psychological testing • Electroconvulsive Therapy (ECT) • Transcranial Magnetic Stimulation (TMS) • Inpatient mental health services You can access Medi-Cal Specialty Mental Health Services (SMHS) through the County Behavioral Health Plan (BHP). You can contact the Kern Behavioral Health and Recovery Services 24-hour Crisis Hotline at: 988 or 1-800-991-5272.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	For more information, call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767. You can access Medi-Cal Specialty Mental Health Services (SMHS) through the County Behavioral Health Plan (BHP). You can contact the Kern Behavioral Health and Recovery Services 24-hour Crisis Hotline at: 988 or 1-800-991-5272. Services may require prior authorization.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	Services may require prior authorization. Coverage includes: • Individual and group therapy visits • Opioid treatment program services • Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) • Inpatient medical detoxification, when medically necessary You can access Drug Medi-Cal Organized Delivery System (DMC-ODS) services through Kern Behavioral Health and Recovery Services. For assistance, please contact the 24-hour Substance Use Disorder Access Line at 1-866-266-4898.
You need a place to live with people available to help you	Skilled nursing care	\$0	Services may require prior authorization.
	Nursing home care	\$0	Services may require prior authorization.
	Adult Foster Care and Group Adult Foster Care	\$0	Services may require prior authorization.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Occupational therapy service may require a referral. Physical therapy and speech therapy services may require prior authorization and/or a referral.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

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 on the next page)	Ambulance services	\$0	
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	Depending on your situation, you may qualify for either non-emergency medical transportation or non-medical transportation. These transportation services are not for emergencies and are available at no cost to you. <u>Non-Emergency Medical Transportation</u> You are entitled to non-emergency medical transportation if you have medical needs that don't allow you to use a car, bus, or taxi to your appointments. Non-emergency medical transportation can be provided by ambulance, litter van, wheelchair van, or air transport for your medical needs when you need a ride to your appointment. If you need non-emergency medical transportation, you can talk to your PCP and ask for it. Your PCP will decide on the best type of transportation to meet your needs. Prior authorization and scheduling rules may apply. To schedule non-emergency medical transportation for services that have been authorized, call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767.

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)			<u>Non-Medical Transportation</u> Unlimited transportation to plan approved locations for medically necessary covered services. You can get non-medical transportation to and from your appointments for a service authorized by your provider. You can get a ride, at no cost to you, when you: • Travel to and from an appointment for a service authorized by your provider, or • Pick up prescriptions and medical supplies Modes of transportation available: • Daily/monthly bus passes • Personal driver mileage reimbursement • Rideshare
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B 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.

Health need or concern	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)	Medicare Part D drugs		
	Tier 1: Preferred Generic	\$0 per 30-day supply	There may be limitations on the types of drugs covered. Please refer to Kern Family Health Care Medicare (D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.
	Tier 2: Generic	\$0 or \$1.60 per 30-day supply	
	Tier 3: Preferred Brand	\$0 or \$4.90 per 30-day supply	Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage, and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.
	Tier 4: Non-Preferred Drug	\$0, \$1.60, or \$4.90 per 30-day supply	
	Tier 5: Specialty Tier	\$0, \$1.60, or \$4.90 per 30-day supply	For some prescription drugs, you can get a long-term supply (also called an extended supply) when you fill your prescription. A long-term supply is up to a 100-day supply and is available by mail-order. You pay the same for a long-term supply as you would for a one-month supply.
	Tier 6: Select Care Drugs	\$0 per 30-day supply Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	

Health need or concern	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)	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Kern Family Health Care Medicare (D-SNP) List of Covered Drugs (Drug List) for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	Outpatient Rehabilitation Services Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Occupational therapy service may require a referral. Physical therapy and speech therapy services may require prior authorization and/or a referral. Cardiac and Pulmonary Rehabilitation Services Services may require prior authorization.
	Medical equipment for home care	\$0	Services may require prior authorization. Call Kern Family Health Care Medicare (D-SNP) for information regarding preferred durable medical equipment (DME) vendors.
	Dialysis services	\$0	Services may require a referral.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

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	Medicare covered podiatry visits are limited to foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Services may require prior authorization and/or a referral.
	Orthotic services	\$0	Services may require prior authorization and/or a referral.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i>.	Wheelchairs, crutches, and walkers	\$0	Services may require prior authorization.
	Nebulizers	\$0	Services may require prior authorization.
	Oxygen equipment and supplies	\$0	Services may require prior authorization.

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 on the next page)	Home health services	\$0	Services may require prior authorization and/or a referral. For more information about In-Home Supportive Services (IHSS), call Kern County Aging and Adult Services at 1-661-868-1003.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Services may require prior authorization and/or a referral. For information about In-Home Supportive Services (IHSS) or Multipurpose Senior Services Program (MSSP), call Kern County Aging and Adult Services at 1-661-868-1003. Your care manager can help identify Community Supports to assist with home services.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Services may require prior authorization and/or a referral. For more information about how to qualify for CBAS, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767.
	Day habilitation services	\$0	Services may require prior authorization and/or a referral.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

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)	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Services may require prior authorization and/or a referral. Home health agency services are covered when prescribed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist and provided at the member's home in accordance with a written treatment plan which the physician reviews every 60 days. Home health aide services include skilled nursing or other professional services in the home including part-time and intermittent skilled nursing services, home health aide services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker. For more information about In-Home Supportive Services (IHSS), call Kern County Aging and Adult Services at 1-661-868-1003.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Chiropractic services	\$0	For mor information, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .
	Diabetes supplies and services	\$0	Services may require prior authorization.
	Prosthetic services	\$0	Services may require prior authorization.
	Radiation therapy	\$0	Services may require prior authorization.
	Services to help manage your disease	\$0	
	California Integrated Care Management (CICM)	\$0	California Integrated Care Management (CICM) is integrated care coordination for specific vulnerable populations including: • Adults Experiencing Homelessness • Adults At Risk for Avoidable Hospital or Emergency Department Utilization

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			- Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs - Adults Transitioning from Incarceration - Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization - Adult Nursing Facility Residents Transitioning to the Community - Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities as defined by California public health data on maternal morbidity and mortality (Birth Equity) - Adults with Documented Dementia Needs CICM applies to Members who may be eligible to receive enhanced care management. To learn more about eligibility and the enrollment process for CICM, call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Healthy Food	\$0	We cover some food products through our Healthy Foods program at no cost to you. You will receive an allowance or spending limit per quarter (every 3 months), to purchase food items at retail stores, or through our vendor's website. This benefit becomes available on the first day of each quarter; January 1, April 1, July 1, and October 1. You can use this benefit to get items such as fruits, vegetables, meats and canned foods, and other eligible products included on the vendor's website, and/or retail stores (based on approved list). • \$93 quarterly allowance • In order to be eligible for this benefit you must have certain chronic conditions. • Items must be part of authorized list of approved food products.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Kern Family Health Care Medicare (D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Kern Family Health Care Medicare (D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit <https://www.kernfamilyhealthcare.com>.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

D. Benefits covered outside of Kern Family Health Care Medicare (D-SNP)

There are some services that you can get that aren't covered by Kern Family Health Care Medicare (D-SNP) but are covered by Medicare, Medi-Cal, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services Dental Managed Care (DMC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation .	\$0
Certain hospice care services covered outside of Kern Family Health Care Medicare (D-SNP)	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0
In-Home Supportive Services (IHSS)	\$0
County specialty mental health and substance use disorder services	\$0
Assisted Living Waiver	\$0
Multipurpose Senior Services Program (MSSP)	\$0
Regional Center Services	\$0

 **If you have questions**, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

E. Services that Kern Family Health Care Medicare (D-SNP), Medicare, and Medi-Cal don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Kern Family Health Care Medicare (D-SNP), Medicare, and Medi-Cal don't cover
A private room in a hospital, except when medically necessary.
Drugs received outside the United States and its territories.
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to Chapter 3 of your <i>Member Handbook</i> for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.
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.
Elective or voluntary enhancement procedures or services (unless medically necessary) including; weight loss, hair growth, athletic performance, fertility drugs, drug samples (patient assistance programs), full-time nursing care in your home, naturopathic treatments (the use of natural or alternative treatments), cosmetic treatments (anti-aging).

F. Your rights as a member of the plan

As a member of Kern Family Health Care Medicare (D-SNP), 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'll 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 aren't 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
 - 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're covered
 - Refuse treatment, even if your health care provider advises against it

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.



- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Kern Family Health Care Medicare (D-SNP) 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 doesn't 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
- **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.dmhc.ca.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

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.

- 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 Kern Family Health Care Medicare (D-SNP) Member Services at the numbers listed at the bottom of this page.

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.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Kern Family Health Care Medicare (D-SNP) improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may also submit a complaint in writing to PO Box 9187, Bakersfield, CA 93389-9187. 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 Kern Family Health Care Medicare (D-SNP) Member Services at the numbers listed at the bottom of this page.

For complaints, grievances, and appeals you may also reach us by:

Phone: 1-866-661-3767

Fax: 1-661-605-0200

Mail: Kern Family Health Care Medicare (D-SNP)

Attention: Appeals and Grievances

PO Box 9187

Bakersfield, CA 93389-9187

For complaints, grievances and appeals, you may also use the Department of Managed Health Care's Independent Medical Review (IMR) and Complaint process by:

Phone: 1-888-466-2219

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.



TTY: 1-877-688-9891

Online: www.dmhc.ca.gov

The DMHC's website has complaint forms, IMR application forms, and instructions online.

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 Kern Family Health Care Medicare (D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- 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.

If you have questions, please call please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit <https://www.kernfamilyhealthcare.com>.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Kern Family Health Care Medicare (D-SNP) Member Services:

1-866-661-3767

Calls to this number are free. 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30.

Member Services also has free language interpreter services available for non-English speakers.

TTY 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

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

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the 24-Hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care.

(*Example:* urgent care, emergency room). The number for the 24-Hour Nurse Advice Line is: 1-866-661-3767.

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

Kern Family Health Care Medicare (D-SNP) also has free language interpreter services available for non-English speakers.

TTY 711

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

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

Call or text 988

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

Kern Family Health Care Medicare (D-SNP) also has free language interpreter services available for non-English speakers.

TTY 711

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

Service Area/Área de Servicio

Alta Sierra **Arvin** **Bakersfield**
Bear Valley Springs **Bodfish** *Boron*
Buttonwillow Caliente California City
 Delano **Di Giorgio** *Edison*
Edwards AFB *Fellows* Frazier Park
Glennville Havilah **Keene** Kernville
Lake Isabella **Lamont** Lancaster*
Lebec Loraine **Lost Hills** **Maricopa**
McFarland McKittrick Mettler
Miracle Hot Springs Mojave **Monolith**
 Oildale Onyx **Palmdale***
Pine Mountain Pond **Posey**
Ridgecrest **Rosamond** Shafter **Taft**
 Tehachapi Tupman **Twin Oaks**
Walker Basin **Wasco** Weldon
Wheeler Ridge **Wofford Heights** Woody