



Santa Clara Family
Health Plan™

DUALCONNECT

(HMO D-SNP) A Medicare Medi-Cal Plan

Annual Notice of Changes 2023

Customer Service: **1-877-723-4795**

TTY: **711**

7 days a week, 8 a.m. to 8 p.m. The call is free.

www.scfhp.com/dualconnect

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DualConnect (HMO D-SNP) offered by Santa Clara Family Health Plan

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.scfhp.com/dualconnect. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

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If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

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If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



A. Disclaimers

- Santa Clara Family Health Plan DualConnect is an HMO D-SNP with a Medicare and Medi-Cal contract. Enrollment in DualConnect depends on contract renewal.
- Nondiscrimination Notice

Discrimination is against the law. SCFHP DualConnect follows State and Federal civil rights laws. SCFHP DualConnect does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SCFHP DualConnect provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SCFHP DualConnect between 8 a.m. to 8 p.m., 7 days a week by calling 1-877-723-4795. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
1-877-723-4795 (TTY: 711)

HOW TO FILE A GRIEVANCE

If you believe that SCFHP DualConnect has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender,



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

gender identity, or sexual orientation, you can file a grievance with SCFHP DualConnect. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP DualConnect between 8 a.m. to 8 p.m., 7 days a week by calling 1-877-723-4795. Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:
**Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119**
- In person: Visit your doctor's office or SCFHP DualConnect and say you want to file a grievance.
- Electronically: Visit SCFHP DualConnect's website at www.scfhp.com/dualconnect.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:
**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

B. Reviewing your Medicare and Medi-Cal coverage for next year

When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Coordination Plan.

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medi-Cal services in **Section G2**.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

B1. Additional resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.

Español (Spanish): ATENCIÓN: Si habla español, los servicios de asistencia con el idioma están disponibles para usted sin cargo. Llame gratis a Servicio al cliente al 1-877-723-4795 (TTY: 711), los 7 días de la semana, de 8 a. m. a 8 p.m.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi đến Phòng Dịch Vụ Khách Hàng theo số 1-877-723-4795 (TTY: 711). Chúng tôi làm việc 7 ngày mỗi tuần, từ 8 giờ sáng đến 8 giờ tối. Cuộc gọi được miễn phí.

中文 (Chinese) : 注意 : 如果您会说中文 , 您可以获取免费的语言协助服务 。 请致电 1-877-723-4795 (TTY: 711) 与客户服务处联系 , 服务时间为一周 7 天从上午 8 点至晚上 8 点 。 通话均免费 。

Tagalog (Tagalog): ATENSIYON: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga serbisyo sa tulong sa wika nang walang bayad. Tumawag sa Serbisyo para sa Mamimili sa 1-877-723-4795 (TTY: 711), 7 araw sa isang lingo, 8 a.m. hanggang 8 p.m. Libre ang tawag.

한국어 (Korean): 알림: 한국어 사용자의 경우 언어 지원 서비스가 무료 제공됩니다. 고객 서비스팀에 1-877-723-4795 (TTY: 711)번으로 전화하십시오. 운영 시간은 연중무휴 오전 8시~오후 8시이며 통화료는 부과되지 않습니다.

Հայերեն (Armenian):. ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Ձանգահարեք Հաճախորդների սպասարկման բաժին՝ 1-877-723-4795 (TTY՝ 711) հեռախոսահամարով, շաբաթը 7 օր, ժամը՝ 8:00-20:00: Ձանգն անվճար է:

Русский (Russian): КОМУ: Если вы говорите на русском, то можете бесплатно воспользоваться услугами переводчика. Звоните на номер службы поддержки 1-877-723-4795 (TTY: 711), 7 дней в неделю, с 8:00 до 20:00. Звонок бесплатный.

فارسی (Farsi): توجه: اگر به زبان فارسی تسلط دارید، ارائه خدمات تسهیل زبانی به شما، به صورت رایگان، امکان پذیر است. با خدمات مشتریان به شماره 1-877-723-4795 (TTY: 711) ، 7 روز هفته، از 8 صبح تا 8 عصر، تماس بگیرید. تماس با این خط رایگان است.

日本語 (Japanese): 日本語話者の方向けに、無料の言語支援サービスを提供しています。カスタマーサービス (1-877-723-4795 (TTY: 711)) まで、週7日、午前8時～午後8時の間にお電話ください。通話料は無料です。

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Ntawv Hmoob (Hmong): NCO NTSOOV: Yog koj hais lus Hmoob, cov kev pab cuam pab txhais lus, tsis suav nqi, muaj pab rau koj. Hu Rau Chaw Pab Cuam Tub Lag Luam tus xov tooj 1-877-723-4795 (TTY: 711), 7 hnuv ntawm ib lub lwm tiam, 8 a.m. txog 8 p.m. Hu dawb.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। ਗਾਹਕ ਸੇਵਾ ਨੂੰ 1-877-723-4795 (TTY: 711) 'ਤੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। ਕਾਲ ਮੁਫਤ ਹੈ।

العربية (Arabic): تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل بخدمة العملاء على الرقم 1-877-723-877-1 (TTY: 711) ، 7 أيام في الأسبوع، من الساعة 8 صباحًا إلى 8 مساءً. المكالمات مجانية.

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। ग्राहक सेवा को सप्ताह के 7 दिन, सुबह 8 बजे से रात 8 बजे तक 1-877-723-4795 (TTY: 711) पर कॉल करें। कॉल मुफ्त है।

ภาษาไทย (Thai): หมายเหตุ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทรติดต่อฝ่ายบริการลูกค้าที่ 1-877-723-4795 (TTY: 711) ได้ 7 วันต่อสัปดาห์ตั้งแต่ 8.00 น. ถึง 20.00 น. โทรได้ฟรี

ខ្មែរ (Khmer): សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះមានការផ្តល់សេវាបកប្រែជូនដល់អ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅផ្នែកសេវាអតិថិជនតាមលេខ 1-877-723-4795 (TTY: 711), 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 a.m. ដល់ 8 p.m.។ ការហៅគឺឥតគិតថ្លៃទេ។

ພາສາລາວ (Lao): ໃສ່ໃຈ: ຖ້າທ່ານເວົ້າເປັນພາສາລາວ, ການບໍລິການແປພາສາ, ບໍ່ມີຄ່າ, ມີພ້ອມໃຫ້ທ່ານ. ໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີໂທ 1-877-723-4795 (TTY: 711), 7 ວັນພາຍໃນອາທິດ, 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ໂທຟຣີ.

Mien (Mien): COR FIM JANGX LONGX OC: Beiv taux meih gorngv mienh waac nor, qiemx zuqc longc mienh tengx nzie faan waac bun muangx, ninh mbuo se mbenc duqv maaih tengx nzie faan waac jauv-louc bun meih maiv zuqc cuotv nyaanh oc. Korh waac lorx taux goux nzie zuangx mienh nyei domh ze'weic gorn yiem njiec naaiv 1-877-723-4795 (TTY: 711) yietc norm leix baaiz longc duqv benx siec hnoi yietc hnoi bouc dauh longc duqv yiem 8 diemv lungh ndorm mingh taux 8 diemv lungh hmuangz. Naaiv norm douc waac gorn se benx wang-henh longc oc.

Українська (Ukrainian): КОМУ: Якщо ви розмовляєте українською, то можете безкоштовно скористатися послугами перекладача. Телефонуйте на номер служби підтримки: 1-877-723-4795 (TTY: 711), 7 днів на тиждень, із 8:00 до 20:00. Дзвінок безкоштовний.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call Customer Service at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.
- You can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format. We will keep this information on file for future mailings. You do not need to make a separate request each time. To make or change your request:
- Call Customer Service or send a request in writing to:

Attn: Customer Service Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

B2. Information about our plan

- Santa Clara Family Health Plan DualConnect (HMO D-SNP) (DualConnect) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under DualConnect is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



B3. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If you decide to stay with SCFHP Cal MediConnect Plan:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in DualConnect.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2023, our plan name changes from SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan) to SCFHP DualConnect (HMO D-SNP) (DualConnect).

We are sending you a new DualConnect member ID card. Your new DualConnect card will be arriving in December 2022. Take this new card with you when you visit your doctor or the pharmacy.

In December, you will also be able to access your member ID card through our member portal, mySCFHP, at <https://member.scfhp.com>.

D. Changes to our network providers and pharmacies

Our provider and pharmacy network has changed for 2023.

We strongly encourage you to review our current *Provider and Pharmacy Directory* to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.scfhp.com/dualconnect. You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

E. Changes to benefits and costs for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



	2022 (this year)	2023 (next year)
Over-the-counter benefit (OTC)	Not Covered.	You pay a \$0 copay. You receive a benefit of \$135 every quarter to spend on eligible over-the-counter (OTC) products via mail order. This benefit does not carry over to the next quarter.
Community Supports	Community Supports is not covered.	Community Supports may be available under your Individualized Care Plan. Community Supports are medically appropriate and cost-effective alternative services or settings. These services are not a benefit and are optional for members. If you qualify, these services may help you live more independently. They do not replace benefits that you already get under Medi-Cal. Refer to Chapter 4 of your Member Handbook for a list of available Community Supports.

E2. Changes to prescription drug coverage

Changes to our Drug List

An updated List of Covered Drugs is located on our website at www.scfhp.com/dualconnect. You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there are any restrictions.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If a formulary change affects you, we will cover a one time, temporary supply of the medication. You will also receive a letter in the mail notifying you of the temporary supply and how to ask for an exception to continue to have your medication covered.

In general, members with current formulary exceptions will need a new one to be submitted every benefit year. For more information, refer to Chapter 5 of the *Member Handbook*.

Changes to prescription drug costs

We moved some of the drugs on the Drug List to a lower drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in our 1 drug tier.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



	2022 (this year)	2023 (next year)
<p>Drugs in Tier 1</p> <p>Generic drugs and brand drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month 31-day supply is \$0-\$9.85 per prescription.</p>	<p>Your copay for a one-month 31-day) supply is \$0 per prescription.</p>

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

F. Administrative changes

The following table shows changes to benefits next year. For a full list of covered benefits, see Chapter 4 of the SCFHP DualConnect *Member Handbook*.

	2022 (this year)	2023 (next year)
<p>Non-Medicare Part D (Medi-Cal) Prescription and Over-the-Counter Drugs</p>	<p>Covered by SCFHP Cal MediConnect based on our List of Covered Drugs for Tier 3 and Tier 4.</p>	<p>Covered by Medi-Cal Rx. Refer to the Department of Health Care Services Medi-Cal Rx Contracted Drug List at https://medi-calrx.dhcs.ca.gov/home/cd/.</p>
<p>Fitness Benefit</p>	<p>Fitness benefit is provided by Silver&Fit.</p>	<p>Fitness benefit is provided by YMCA of Silicon Valley.</p>

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2023.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example:

- You moved out of our service area,
- Your eligibility for Medi-Cal or Extra Help changed. If you recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital.

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



<p>1. You can change to:</p> <p>Another Medicare health plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 711), Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 711), Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 711), Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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Your Medi-Cal services

For questions about how to get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Read your Member Handbook

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2023. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2023 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.scfhp.com/dualconnect. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2023.

Our website

You can visit our website at www.scfhp.com/dualconnect. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

H2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222 (TTY: 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

H3. Ombuds Program

The Health Consumer Alliance Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Consumer Alliance Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Health Consumer Alliance Ombuds Program is 1-888-804-3536.

H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2023

You can read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

H5. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at **1-877-723-4795** and use your health plan's grievance process before contacting the department. **Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.**

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

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