



Santa Clara Family  
Health Plan™

# CAL MEDICCONNECT PLAN

(Medicare-Medicaid Plan)

## Annual Notice of Changes 2020

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

TTY: **1-800-735-2929** or **711**

Monday through Friday, 8 a.m. to 8 p.m. The call is free.

[www.scfhp.com](http://www.scfhp.com)

H7890\_15000E Accepted

**THIS PAGE INTENTIONALLY LEFT BLANK**

**Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan)  
offered by Santa Clara Family Health Plan**

***Annual Notice of Changes for 2020***

---

**Introduction**

You are currently enrolled as a member of Santa Clara Family Health Plan (SCFHP) Cal MediConnect Plan (Medicare-Medicaid Plan). Next year, there will be some changes to the plan’s benefits, coverage, rules, and costs. This Annual Notice of Changes tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

**Table of Contents**

A. Disclaimers .....	3
B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year .....	3
B1. Additional Resources .....	3
B2. Information about Santa Clara Family Health Plan Cal MediConnect Plan .....	6
B3. Important things to do:.....	6
C. Changes to the network providers and pharmacies .....	8
D. Changes to benefits and costs for next year .....	8
D1. Changes to benefits for medical services.....	8
D2. Changes to prescription drug coverage.....	9
D3. Stage 1: “Initial Coverage Stage” .....	11
D4. Stage 2: “Catastrophic Coverage Stage”.....	13
E. Administrative Changes .....	13
F. How to choose a plan .....	13
F1. How to stay in our plan.....	13
F2. How to change plans.....	13
G. How to get help.....	15
G1. Getting help from SCFHP Cal MediConnect .....	15



---

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

G2. Getting help from the state enrollment broker .....	16
G3. Getting help from the Cal MediConnect Ombuds Program .....	16
G4. Getting help from the Health Insurance Counseling and Advocacy Program.	16
G5. Getting help from Medicare .....	17
G6. Getting help from the California Department of Managed Health Care .....	17
H. Nondiscrimination Notice .....	18

---

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



---

## A. Disclaimers

- Santa Clara Family Health Plan 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.

---

## B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section G2 for more information.

If you choose to leave SCFHP Cal MediConnect, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 13 to see your choices).
- You will continue to be enrolled in SCFHP for your Medi-Cal benefits, unless you choose a different Medi-Cal only plan (go to page 15 for more information).

### B1. Additional Resources

- **ATTENTION:** If you speak another language, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users should call 1-800-735-2929 or 711. The call is free.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al Cliente al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch Vụ Khách Hàng theo số 1-877-723-4795, từ thứ Hai đến thứ Sáu, 8 giờ sáng đến 8 giờ tối. Những người sử dụng TTY gọi đến số 1-800-735-2929 hoặc 711. Cuộc gọi được miễn phí.

**注意:** 如果您说中文, 将为您提供免费的语言服务。请致电 1-877-723-4795 联系客户服务部, 工作时间是周一至周五早上 8:00 至晚上 8:00。TTY 用户请致电 1-800-735-2929 或 711。这是免费电话。



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Serbisyo para sa Customer sa 1-877-723-4795, Lunes hanggang Biyernes, mula 8 a.m. hanggang 8 p.m. Dapat tumawag ang mga TTY user sa 1-800-735-2929 o 711. Libre ang tawag.

주의:한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일까지 오전 8시부터 오후 8시 사이에 1-877-723-4795 번으로 고객 서비스 부서에 전화해 주십시오. TTY 사용자는 1-800-735-2929 번 또는 711 번으로 전화해 주시면 됩니다.통화료는 무료입니다.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Ձանգահարեք Հաճախորդների սպասարկման կենտրոն 1-877-723-4795 հեռախոսահամարով՝ երկուշաբթիից ուրբաթ՝ 8 a.m.-ից 8 p.m.-ը: TTY օգտվողները պետք է զանգահարեն 1-800-735-2929 կամ 711: Ձանգն անվճար է:

ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Звоните в службу поддержки клиентов по номеру 1-877-723-4795 с понедельника по пятницу с 8:00 до 20:00. Лица, пользующиеся телетайпом / телекоммуникационными устройствами для глухих (TTY), могут связаться по номерам 1-800-735-2929 или 711. Звонки бесплатные.

توجه: اگر به زبان فارسی صحبت می کنید، سرویس های دستیار زبان به صورت رایگان در دسترس است. روزهای دوشنبه تا جمعه از ساعت 8 صبح تا 8 عصر با 1-877-723-4795 هستند. از طریق شماره می توانید از طریق شماره 1-800-735-2929 یا 711 TTY سرویس مشتری تماس بگیرید. کاربران تماس بگیرند. این تماس رایگان است

注意事項: 日本語を話される場合、無料の言語サービスをご利用いただけます。月曜日から金曜日、午前8時～午後8時に対応のカスタマーサービス（1-877-723-4795）までご連絡ください。TTYご利用の方は、1-800-735-2929 または 711 に電話してください。通話料金は無料です。

LUS CEEV:Yog koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu Rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm 1-877-723-4795, hnuv Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. Tus xov tooj rau cov neeg TTY hu rau 1-800-735-2929 lossis 711. Yog tus xov tooj hu dawb.

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਤੋਂ ਰਾਤ 8 ਵਜੇ ਤੱਕ ਤੇ, 1-877-723-4795 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਵਰਤਣ ਵਾਲਿਆਂ ਨੂੰ 1-800-735-2929 ਜਾਂ 711 'ਤੇ ਕਾਲ ਕਰਨੀ ਚਾਹੀਦੀ ਹੈ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੁੰਦੀ ਹੈ।

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بخدمة العملاء على ، من الإثنين إلى الجمعة، 8 ص إلى 8 م. مستخدمى الهاتف النصي/جهاز الاتصال 1-877-723-4795 الرقم ، اتصل مجاناً. لضعاف السمع يمكنهم الاتصال على الرقم 1-800-735-2929 أو 711

ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। आप सोमवार से शक्रवार, सुबह 8 बजे से रात के 8 बजे तक ग्राहक सेवा को 1-877-723-4795 पर कॉल कर सकते हैं। TTY उपयोगकर्ताओं को 1-800-735-2929 या 711 पर कॉल करना चाहिए। कॉल निःशुल्क है।

เรียน: หากท่านพูดภาษาไทย เรามีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย โทรติดต่อฝ่ายบริการลูกค้า ที่ 1-877-723-4795 ได้ตั้งแต่วันจันทร์ถึงวันศุกร์ เวลา 08.00 น. ถึง 20.00 น. ผู้ใช้ TTY สามารถโทรติดต่อได้ที่ 1-800-735-2929 หรือ 711 โดยไม่มีค่าใช้จ่าย

ប្រមូលកិច្ចទុកដាក់: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សេវាផ្នែកទំនាក់ទំនងអតិថិជនតាមលេខ 1 877 723 4795 អាចរកបាន ពីថ្ងៃច័ន្ទ ដល់សុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 ល្ងាច។ អ្នកប្រើ TTY គួរតែទូរស័ព្ទមកលេខ 1 800 735 2929 ឬ 711 ។ ការហៅទូរស័ព្ទឥតគិតថ្លៃ។

ເຊີນລາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາຝ່າຍບໍລິການລູກຄ້າທີ່ເບີ 1-877-723-4795, ເຊິ່ງເປີດໃຫ້ບໍລິການ 7 ວັນຕໍ່ອາທິດ, ຕັ້ງແຕ່ 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ. ຜູ້ທີ່ໃຊ້ TTY ແມ່ນໃຫ້ໂທຫາເບີ 1-800-735-2929 ຫຼື 711. ການໂທແມ່ນໂທຟຣີ.

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. 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



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

## **B2. Information about Santa Clara Family Health Plan Cal MediConnect Plan**

- Santa Clara Family Health Plan 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.
- Coverage under SCFHP Cal MediConnect 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 <https://www.irs.gov/affordable-care-act/individuals-and-families> for more information on the individual shared responsibility requirement.
- This Cal MediConnect plan is offered by Santa Clara Family Health Plan (SCFHP). When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means SCFHP. When it says “the plan” or “our plan,” it means SCFHP Cal MediConnect Plan.

## **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?
  - It is important to review benefit and cost changes to make sure they will work for you next year.
  - Look in Section D on page 8 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 cost-sharing tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in Section D on page 8 for information about changes to our drug coverage.

---

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).





- Your drug costs may have risen since last year.
  - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
  - To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.
  - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check to see if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in Section C on page 8 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 decide to stay with SCFHP Cal MediConnect:**

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 will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (see section G2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in Section F on page 13 to learn more about your choices.



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

## C. Changes to the network providers and pharmacies

We have not made any changes to our network of providers and pharmacies for next year.

However, it is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

## D. Changes to benefits and costs for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2019 (this year)	2020 (next year)
<b>Acupuncture</b>	<p>We will pay for up to two outpatient acupuncture services in any one calendar month.</p> <p>Prior authorization may be required.</p> <p>You pay a <b>\$0</b> copay.</p>	<p>We will pay for up to 26 visits in one calendar year.</p> <p>Prior authorization may be required.</p> <p>You pay a <b>\$0</b> copay.</p>
<b>Chiropractic Services</b>	<p>We will cover services for adjustments of the spine to correct alignment (when accompanied by documented subluxation).</p> <p>Prior authorization may be required.</p> <p>You pay a <b>\$0</b> copay.</p>	<p>We will pay for the following services:</p> <ul style="list-style-type: none"> <li>• Adjustments of the spine to correct alignment (when accompanied by documented subluxation)</li> <li>• Up to 26 outpatient chiropractic services in any one calendar year, or more often if medically necessary. Note: Prior authorization may be required for more than 26 services.</li> </ul> <p>You pay a <b>\$0</b> copay.</p>

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



	2019 (this year)	2020 (next year)
<b>Opioid Treatment Services</b>	Opioid treatment services are not a covered benefit.	Opioid treatment services are a covered benefit. Prior authorization may be required. You pay a <b>\$0</b> copay.
<b>Vision Care</b>	We will pay for the following services:  Up to \$100 for eyeglasses (frames and lenses) or up to \$100 for contact lenses every two years.	We will pay for the following services:  Up to \$200 for eyeglasses (frames and lenses) or up to \$200 for contact lenses every two years.

## D2. 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](http://www.scfhp.com). You may also call Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. for updated drug information or to ask us to mail you a *List of Covered Drugs*. TTY users can call 1-800-735-2929 or 711.

The *List of Covered Drugs* is also called the “Drug List.”

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 see if there will be any restrictions.

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 1-877-723-4795 Monday through Friday, 8 a.m. to 8 p.m. to ask for a list of covered drugs that treat the same condition. TTY users can call 1-800-735-2929 or 711.
  - This list can help your provider find a covered drug that might work for you.



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, see Chapter 9 of the *2020 Member Handbook* or call Customer Service at 1-877-723-4795, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY users call 1-800-735-2929 or 711.
  - If you need help asking for an exception, you can contact Customer Service or your case manager. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your case manager.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan 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, see Chapter 5 of the *Member Handbook*.

---

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



### Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under SCFHP Cal MediConnect. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2020.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reach **\$6,350**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

#### D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To see 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 each of our four drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

	2019 (this year)	2020 (next year)
<p><b>Drugs in Tier 1</b> (Generic drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is \$0, \$1.25, or \$3.40 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
<p><b>Drugs in Tier 2</b> (Brand name drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is \$0, \$3.80, or \$8.50 per prescription.	Your copay for a one-month (31-day) supply is \$0 to \$8.95 per prescription.
<p><b>Drugs in Tier 3</b> (Non-Medicare prescription drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
<p><b>Drugs in Tier 4</b> (Non-Medicare over-the-counter drugs) Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$6,350**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information about how much you will pay for prescription drugs.

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



#### D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$6,350** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

---

### E. Administrative Changes

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

	2019 (this year)	2020 (next year)
<b>Initial Coverage Stage</b>	The Initial Coverage Stage ends when your total out-of-pocket costs reach \$5,100.	The Initial Coverage Stage ends when your total out-of-pocket costs reach \$6,350.

---

### F. How to choose a plan

#### F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Cal MediConnect plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2020.

#### F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Cal MediConnect plan, or moving to Original Medicare.

#### How you will get Medicare services

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




---

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements and live within the service area, a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></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"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday, from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li> </ul> <p>You will automatically be disenrolled from SCFHP Cal MediConnect when your new plan's coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></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"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li> </ul> <p>You will automatically be disenrolled from SCFHP Cal MediConnect when your Original Medicare coverage begins.</p>

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).





<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</p>	<p><b>Here is what to do:</b></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"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday, 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/HICAP/">http://www.aging.ca.gov/HICAP/</a>.</li> </ul> <p>You will automatically be disenrolled from SCFHP Cal MediConnect when your Original Medicare coverage begins.</p>
--	--

### How you will get Medi-Cal services

If you leave our Cal MediConnect plan, you will continue to get your Medi-Cal services through SCFHP unless you select a different plan for your Medi-Cal services. Your Medi-Cal services include most long-term services and supports and behavioral health care.

If you want to choose a different plan for your Medi-Cal services, you need to tell Health Care Options. You can call 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.

---

## G. How to get help

### G1. Getting help from SCFHP Cal MediConnect

Questions? We're here to help. Please call Customer Service at 1-877-723-4795 (TTY, call 1-800-735-2929 or 711). We are available for phone calls Monday through Friday, 8 a.m. to 8 p.m. Calls to these numbers are free.



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

### **Your 2020 Member Handbook**

The *2020 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2020 Member Handbook* will be available by October 15. An up-to-date copy of the *2020 Member Handbook* is always available on our website at [www.scfhp.com](http://www.scfhp.com). You may also call Customer Service at 1-877-723-4795 to ask us to mail you a *2020 Member Handbook*. TTY users call 1-800-735-2929 or 711.

### **Our website**

You can also visit our website at [www.scfhp.com](http://www.scfhp.com). 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*).

### **G2. Getting help from the state enrollment broker**

Health Care Options can help you if you have questions about selecting a Cal MediConnect plan or other enrollment issues. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-800-430-7077.

### **G3. Getting help from the Cal MediConnect Ombuds Program**

The Cal MediConnect Ombuds Program can help you if you are having a problem with SCFHP Cal MediConnect. The ombudsman's services are free. The Cal MediConnect 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 Cal MediConnect Ombuds Program is 1-855-501-3077.

### **G4. Getting help from the Health Insurance Counseling and Advocacy Program**

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your Cal MediConnect 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. For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.

---

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



## **G5. Getting help from Medicare**

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

### **Medicare's Website**

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on "Find health & drug plans.")

### **Medicare & You 2020**

You can read *Medicare & You 2020* 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. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) 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.

## **G6. Getting help from the California Department of Managed Health Care**

The California Department of Managed Health Care is responsible for regulating health care service plans. 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 urgent issue, 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. For urgent issues, you may call the Department first without filing a grievance with your health plan.

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-HMO-2219**) and a TTY line (**1-877-688-9891**) for the hearing and speech impaired. The Department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

## H. Nondiscrimination Notice

### Discrimination is Against the Law

Santa Clara Family Health Plan (SCFHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCFHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCFHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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 Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711.

---

**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



If you believe that SCFHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Attn: Grievance and Appeals Department  
Santa Clara Family Health Plan  
6201 San Ignacio Ave  
San Jose, CA 95119  
Phone: 1-877-723-4795  
TTY: 1-800-735-2929 or 711  
Fax: 1-408-874-1962  
Email: [CalMediConnectGrievances@scfhp.com](mailto:CalMediConnectGrievances@scfhp.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Customer Service representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
Phone: 1-800-368-1019  
TDD: 1-800-537-7697

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



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users call 1-800-735-2929 or 711. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).



**THIS PAGE INTENTIONALLY LEFT BLANK**



SH9200A

H7890\_15000E Accepted

© 2020, Santa Clara Family Health Plan. All rights reserved.