



Santa Clara Family
Health Plan™

DUALCONNECT

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

Summary of Benefits 2024

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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Santa Clara Family Health Plan DualConnect (HMO D-SNP): 2024 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Santa Clara Family Health Plan DualConnect (HMO D-SNP), a Medicare Medi-Cal Plan, (SCFHP DualConnect). 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 SCFHP DualConnect. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call 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



This is a summary of health services covered by SCFHP DualConnect for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- 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

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.



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, 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**



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.

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

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

OFFICE FOR 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>.
- Language Assistance Services

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 。

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.



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: Չանգահարեք Հաճախորդների սպասարկման բաժին՝ 1-877-723-4795 (TTY՝ 711) հեռախոսահամարով, շաբաթը 7 օր, ժամը՝ 8:00-20:00: Չանգս 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.

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

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।

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل بخدمة (Arabic) العربية أيام في الأسبوع، من الساعة 8 صباحاً إلى 8 مساءً. 7 (TTY: 711) العملاء على الرقم 1-877-723-4795-1. 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।



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.

SCFHP DualConnect
SUMMARY OF BENEFITS

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
នោះមានការផ្តល់សេវាកម្មប្រែប្រួលដល់អ្នកដោយឥតគិតថ្លៃ។
ទូរសព្ទទៅផ្នែកសេវាអតិថិជនភាសាខ្មែរ 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, qiex 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 lungv ndorm mingh
taux 8 diemv lungv 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.

- 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), 24 hours a day, 7 days a week. 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.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.
- This document is available for free in English, Spanish, Vietnamese, Simplified Chinese, and Tagalog.

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.



SCFHP DualConnect
SUMMARY OF BENEFITS

- If you would like a hard copy of the *Member Handbook*, call Customer Service at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. You can also go to www.scfhp.com/dualconnect to access the *Member Handbook* online.
- You can make a standing request to get this document, now and in the future, in a language other than English or in an alternative 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

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare-Medi-Cal Coordination Plan?	A Medicare-Medi-Cal Coordination Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Coordination 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.



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.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medi-Cal benefits in SCFHP DualConnect that I get now?	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from SCFHP DualConnect. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change 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 Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in SCFHP DualConnect, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that SCFHP DualConnect does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for SCFHP DualConnect to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.</p>

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.



Frequently Asked Questions	Answers
<p>Can I go to the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with SCFHP DualConnect and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • 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 SCFHP DualConnect’s network. If you use providers or pharmacies that are not 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 SCFHP DualConnect’s plan. • If you are currently under treatment with a provider that is out of SCFHP DualConnect’s network, or have an established relationship with a provider that is out of SCFHP DualConnect’s network, call Customer Service to check about staying connected and ask for continuity of care. <p>To find out if your doctors are in the plan’s network, call Customer Service at the numbers listed at the bottom of this page or read SCFHP DualConnect’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.scfhp.com/dualconnect. If your out of network provider would like to discuss contracting with SCFHP, please have the provider contact us at providerservices@scfhp.com.</p> <p>If SCFHP DualConnect is new for you, we will work with you to develop an Individualized Care Plan to address your needs.</p>
<p>What is a SCFHP DualConnect care coordinator?</p>	<p>An SCFHP DualConnect 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.</p>



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.

Frequently Asked Questions	Answers
<p>What are Long-term Services and Supports (LTSS)?</p>	<p>Long-term Services and Supports 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.</p>
<p>What is a Multipurpose Senior Services Program (MSSP)?</p>	<p>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.</p>
<p>What happens if I need a service but no one in SCFHP DualConnect’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, SCFHP DualConnect will pay for the cost of an out-of-network provider.</p>
<p>Where is SCFHP DualConnect available?</p>	<p>The service area for this plan includes: Santa Clara County, California. You must live in this area to join the plan.</p>

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.



Frequently Asked Questions	Answers
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from SCFHP DualConnect to seek services outside of our network or to get services not routinely covered by our network before you get the services. SCFHP DualConnect may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. SCFHP DualConnect can provide you or your provider with a list of services or procedures that require you to get prior authorization from SCFHP DualConnect before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.</p>
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP or use other providers in the plan's network. A referral is different than a prior authorization. If you don't get a referral from your PCP, SCFHP DualConnect may not cover the services or the specialist may refuse to see you. SCFHP DualConnect can provide you with a list of services that require you to get a referral from your PCP before the service is provided. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<p>Do I pay a monthly amount (also called a premium) under SCFHP DualConnect?</p>	<p>No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>



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.

Frequently Asked Questions	Answers
Do I pay a deductible as a member of SCFHP DualConnect?	No. You do not pay deductibles in SCFHP DualConnect.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of SCFHP DualConnect?	There is no cost sharing for medical services in SCFHP DualConnect, so your annual out-of-pocket costs will be \$0.
Do I have a coverage gap for drugs?	No. Because you have Medi-Cal you will not have a coverage gap stage for your drugs.
Can I view my health plan information online if I enroll?	<p>Yes, you can get access to your health plan information online at www.member.scfhp.com. As an SCFHP member, you can:</p> <ul style="list-style-type: none"> • Update your contact information • Sign up to receive text messages • Sign up for health education classes (referral may be required) • View your health plan benefits and summaries • Access your prescription drug information and order prescriptions • View your claims and authorizations • Request a new member ID card • Print a temporary member ID card • View or change your primary care provider (PCP) • Find a network health care provider or pharmacy • Request transportation to medical appointments

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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	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	You must go to in-network doctors, specialists, and hospitals.
	Specialist care	\$0	You must go to in-network doctors, specialists, and hospitals.
	Annual wellness visits	\$0	One annual wellness visit per benefit year.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want a doctor (continued)</p>	<p>Care to keep you from getting sick, such as flu shots and screenings to check for cancer</p>	<p>\$0</p>	<p>Vaccines, including flu shots (once each flu season in the fall and winter, with additional flu shots if medically necessary), Hepatitis B shots, pneumonia vaccines and other vaccines may be covered. Refer to the Member Handbook for more details.</p> <p>We also pay for all vaccines for adults as recommended by the Advisory Committee on Immunization Practices (ACIP).</p> <p>Prior authorization may be required for Part B vaccines.</p>
	<p>“Welcome to Medicare” (preventative visit one time only)</p>	<p>\$0</p>	<p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare preventive visit.</p> <p>When you make your appointment, tell your doctor’s office you want to schedule your “Welcome to Medicare” preventive visit.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories without prior authorization.</p> <p>Not covered outside of the U.S. and its territories.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>You may get urgent care anywhere in the U.S. or its territories without prior authorization.</p> <p>Not covered outside of the U.S. and its territories.</p>
<p>You need medical tests</p>	<p>Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
	<p>Lab tests and diagnostic procedures, such as blood work</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>



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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hearing/auditory services</p>	<p>Hearing screenings</p>	<p>\$0</p>	<p>We pay for hearing and balance tests done by your provider.</p> <p>Prior authorization may be required.</p>
	<p>Hearing aids</p>	<p>\$0</p>	<p>\$1,510 maximum allowed per member for both ears per fiscal year (July 1 – June 30).</p> <p>Includes molds, modification supplies, and accessories.</p> <p>Contact SCFHP DualConnect for details.</p> <p>Prior authorization may be required.</p>
<p>You need dental care</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>Certain dental services are available through the Medi-Cal Dental Program or Fee-For-Service (FFS) Medi-Cal. Go to dental.dhcs.ca.gov/ for more information.</p>
	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>Certain dental services are available through the Medi-Cal Dental Program or Fee-For-Service (FFS) Medi-Cal. Go to dental.dhcs.ca.gov/ for more information.</p> <p>Emergency dental services covered by SCFHP DualConnect.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care</p>	<p>Eye exams</p>	<p>\$0</p>	<p>Medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye.</p> <p>Up to one routine eye exam every year is administered by VSP.</p>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery.</p> <p>Up to \$200 every two years for contact lenses or eyeglasses (frames and lenses) is administered by VSP.</p>
	<p>Other vision care</p>	<p>\$0</p>	<p>For people at high risk of glaucoma, we pay for one glaucoma screening each year.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services</p>	<p>Mental health services</p>	<p>\$0</p>	<p>Prior authorization may be required.</p> <p>Certain services may be administered through Santa Clara County. See “Other services covered by Medicare, Medi-Cal, or a State Agency” on page 35.</p> <p>Contact SCFHP Behavioral Health for more information.</p>
	<p>Inpatient and outpatient care and community-based services for people who need mental health services</p>	<p>\$0</p>	<p>Prior authorization may be required for inpatient services.</p> <p>Certain services may be administered through Santa Clara County. See “Other services covered by Medicare, Medi-Cal, or a State Agency” on page 35.</p> <p>Contact Customer Service for more information.</p>
<p>You need substance use disorder services (continued on the next page)</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>Prior authorization may be required for inpatient services.</p> <p>Certain services may be administered through Santa Clara County. See “Other services covered by Medicare, Medi-Cal, or a State Agency” on page 35.</p> <p>Contact Customer Service for more information.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need substance use disorder services (continued)</p>	<p>Sobering Center services</p>	<p>\$0</p>	<p>Available for DualConnect members as Community Supports as an alternative to being taken to jail or a hospital if found publicly intoxicated and must be escorted by law enforcement or other trained referring agent.</p> <p>Services will be covered for a 23 hour and 59-minute duration.</p> <p>No prior authorization required.</p>
<p>You need a place to live with people available to help you (continued on the next page)</p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>Prior authorization may be required.</p> <p>No limit to the number of days covered by the plan per SNF stay.</p> <p>No prior hospital stay is required.</p>
	<p>Nursing home care</p>	<p>\$0</p>	<p>Prior authorization or referral may be required.</p> <p>No limit to the number of days covered by the plan each SNF stay.</p> <p>No prior hospital stay is required. Call Customer Service for more information.</p>



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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you (continued)</p>	<p>Adult Foster Care and Group Adult Foster Care</p>	<p>\$0</p>	<p>Prior authorization may be required.</p> <p>May be available as a care plan option when a member participates in case management and the service is approved to be included in their care plan.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued on the next page)</p>	<p>Ambulance services</p>	<p>\$0</p>	<p>For non-emergency medical transportation (NEMT), requires you to provide an attestation in person, electronically, or over the phone that you do not have other sources of transportation. NEMT must be pre-approved by SCFHP DualConnect and arranged at least 5 business days before your scheduled appointment.</p> <p>Call Customer Service or login to mySCFHP at www.member.scfhp.com to arrange transportation.</p>
	<p>Emergency transportation</p>	<p>\$0</p>	<p>Prior authorization is not required for emergency ground or air services.</p> <p>Not covered outside of the U.S. and its territories.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued)</p>	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>Non-Emergency Medical Transportation (NEMT) requires the completion of a physician certification statement (PCS) form to determine appropriate level of service. This form must be completed by your treating physician prior to the services being arranged or provided. NEMT must be pre-approved by SCFHP DualConnect and arranged at least 5 business days before your scheduled appointment. Prior authorization may be required.</p> <p>Non-Medical Transportation (NMT) requires you to provide an attestation in person, electronically, or over the phone that you do not have other sources of transportation. NMT must be pre-approved by SCFHP DualConnect and arranged at least 3 business days before your scheduled appointment.</p> <p>Call Customer Service or login to mySCFHP at www.member.scfhp.com to arrange transportation.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>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.</p> <p>Prior authorization or step therapy may be required.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to SCFHP DualConnect's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs</i> (Formulary). Our plan covers most Part D vaccines at no cost to you.</p> <p>Prior authorization or step therapy may be required.</p> <p>There may be limits to the amount of a drug you can get.</p> <p>Extended-day supplies may be available at retail, mail-order, and long-term care pharmacy locations.</p> <p>Not all drugs are available for extended-day supplies.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Brand name drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to SCFHP DualConnect's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Prior authorization or step therapy may be required.</p> <p>There may be limits to the amount of a drug you can get.</p> <p>Extended-day supplies may be available at retail, mail-order, and long-term care pharmacy locations.</p> <p>Not all drugs are available for extended-day supplies.</p>



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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to SCFHP’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Selected OTC drugs and items are covered up to \$135 every three months and are available by mail order.</p> <p>Some OTC drugs and vitamins may be covered by Medi-Cal Rx when they are written as a prescription by your provider. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information.</p>
	<p>Rehabilitation services</p>	<p>\$0</p>	<p>Cardiac and Pulmonary Rehabilitation Services</p> <p>Prior authorization may be required.</p> <p>Outpatient Rehabilitation Services</p> <p>Prior authorization may be required.</p>
<p>You need help getting better or have special health needs (continued on the next page)</p>	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting better or have special health needs (continued)</p>	Dialysis services	\$0	<p>Prior authorization may be required for treatment or supplies.</p> <p>Dialysis services that you get from a Medicare-certified dialysis facility when traveling in the U.S, and its territories.</p>
	Short-term residential care, such as recuperative care or medical respite	\$0	<p>Prior authorization may be required.</p> <p>Available for DualConnect members as Community Supports when hospitalization is no longer required, but you still need time to recover in a stable supportive setting to prevent readmission.</p> <p>Services may be provided for no more than 90 consecutive days.</p>
<p>You need foot care</p>	Podiatry services	\$0	<p>Prior authorization may be required.</p>
	Orthotic services	\$0	<p>Prior authorization may be required.</p>



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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the <i>Member Handbook</i>.</p>	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
<p>You need help living at home (continued on the next page)</p>	Home health services	\$0	<p>Includes medically necessary short-term intermittent skilled nursing care and rehabilitation services at home.</p> <p>Prior authorization is required. Before you can get home health services, a doctor must tell us you need them, and they must be provided by a home health agency.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued on the next page)</p>	<p>Home services, such as cleaning or housekeeping, or home modifications such as doorway enlargement, or asthma remediation, such as air filters, asthma friendly cleaning products and supplies.</p>	<p>\$0</p>	<p>Prior authorization is required.</p> <p>Available for SCFHP DualConnect members as Community Supports when member is identified through an assessment by the appropriate provider as needing a medically appropriate and cost effective alternative.</p> <p>Similar home services available through In-Home Supportive Services should always be utilized first and should only be utilized if appropriate and if additional hours/supports are not authorized by In-Home Supportive Services.</p> <p>Home modifications are payable up to a total lifetime maximum of \$7,500.</p> <p>Asthma remediation is payable up to a total lifetime maximum of \$7,500.</p>
	<p>Adult day health, Community Based Adult Services (CBAS), or other support services</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>	<p>Services to help you live on your own (home health care services or personal care attendant services)</p>	<p>\$0</p>	<p>Note: Prior authorization may be required.</p> <p>For information about In-Home Supportive Services (IHSS) Santa Clara County, go to Chapter 2 of the <i>Member Handbook</i>.</p>
	<p>Personal care services to help you live on your own (personal care and homemaker services or respite services)</p>	<p>\$0</p>	<p>Prior authorization is required.</p> <p>Available for DualConnect members as Community Supports services when you apply for In-Home Supportive Services (IHSS) but require services during a waiting period.</p> <p>Similar personal care services available through IHSS should be utilized first and if appropriate, and if additional hours/supports are not authorized by IHSS.</p> <p>Respite services are provided to caregivers of members who require intermittent temporary supervision and are limited to 336 hours per calendar year.</p>

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>Additional services (continued on the next page)</p>	<p>Chiropractic services</p>	<p>\$0</p>	<p>We will pay for the following services:</p> <ul style="list-style-type: none"> • Adjustments of the spine to correct alignment (when accompanied by documented subluxation) • Up to 2 outpatient chiropractic services per month in one calendar year, or more often if medically necessary. <p>Prior authorization may be required.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Diabetes supplies and services	\$0	<p>Prior authorization may be required.</p> <p>Includes supplies to monitor blood glucose.</p> <p>For people with severe diabetic foot disease, includes:</p> <ul style="list-style-type: none"> • One pair of therapeutic custom-molded shoes (including inserts), including the fitting, and two extra pairs of inserts each calendar year, or • One pair of depth shoes, including the fitting, and three pairs of inserts each year (not including the non-customized removable inserts provided with such shoes).
	Prosthetic services	\$0	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.

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SCFHP DualConnect
SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Services to help manage your disease	\$0	SCFHP DualConnect offers certain health and wellness education classes. Go to www.scfhp.com/dualconnect to see what classes are available. Prior authorization may be required.
	Services to help support you to remain living in the community such as day habilitation programs	\$0	Available for SCFHP DualConnect members as Community Supports when you are experiencing or are at risk of homelessness, or have been housed in the last 24 months. Trainings may be offered in or out of a member's home and are designed to teach you skills to maintain independence. Prior authorization is required.
	Supportive food delivery or hot or frozen meals specific to dietary needs that will help to manage your disease	\$0	Available for SCFHP DualConnect members as Community Supports when a member has extensive care needs, has an eligible chronic condition, and is at risk of hospitalization or institutionalization Prior authorization is required.



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SUMMARY OF BENEFITS

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Housing related services such as housing navigation, housing deposits and housing tenancy and sustaining services.	\$0	Available for DualConnect members as Community Supports when member is either experiencing homelessness or at risk of homelessness. Additional eligibility requirements can be found in the <i>Member Handbook</i> . Prior authorization is required.
	Services that help avoid institutionalization such as nursing facility transition or diversion to an assisted living facility or home in the community.	\$0	Available for DualConnect members as Community Supports when member is either experiencing homelessness or at risk of homelessness. Additional eligibility requirements can be found in the <i>Member Handbook</i> . Prior authorization is required.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the SCFHP DualConnect *Member Handbook*. If you don't have a *Member Handbook*, call SCFHP DualConnect Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit www.scfhp.com/dualconnect.

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.



D. Benefits covered outside of SCFHP DualConnect

There are some services that you can get that are not covered by SCFHP DualConnect but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Customer Service 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
Medi-Cal Dental Fee-for-Service: contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org/ .	Costs of Medi-Cal Dental services are dependent on if a member has a Share of Cost or no Share of Cost.
Some hospice care services covered outside of SCFHP DualConnect	\$0
Rest home room and board	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
In-Home Supportive Services (IHSS)	\$0
Specialty mental health services	\$0



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Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Home and Community Based Services (HCBS) Waiver Programs <ul style="list-style-type: none"> • Assisted Living Waiver (ALW) • HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD) • California Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities • Home and Community-Based Alternative (HCBA) Waiver • Medi-Cal Waiver Program (MCWP) • Multipurpose Senior Services Program (MSSP) 	\$0
Substance use disorder treatment services	\$0
Regional center services	\$0

E. Services that SCFHP DualConnect, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about other excluded services.

Services SCFHP DualConnect, Medicare, and Medi-Cal do not cover
Emergency or urgent care outside of the U.S. or its territories
Naturopath services (the use of natural or alternative therapies)
Out-of-network services, except for emergency or urgent care, out-of-area dialysis, and services with prior authorization

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.



F. Your rights as a member of the plan

As a member of SCFHP DualConnect, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about 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 are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it



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- Ask for a second opinion. SCFHP DualConnect 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 does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help 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.dmhca.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
 - 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

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.



For more information about your rights, you can read the Member Handbook. If you have questions, you can call SCFHP DualConnect Customer Service 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 SCFHP DualConnect improperly denied, delayed, or modified a service, call Customer Service at the numbers listed at the bottom of this page. 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 SCFHP DualConnect Customer Service at the numbers listed at the bottom of this page.

You can file a complaint with or ask for an Independent Medical Review (IMR) from the Help Center at the California Department of Managed Health Care (DMHC). Fill out the IMR Application/Complaint Form available at www.dmhc.ca.gov/Portals/0/FileAComplaint/IMRForms/20160AAF_English.pdf. Or call the DMHC Help Center at 1-888-466-2219. TTY users should call 1 877 688-9891.

Mail or fax your forms and any attachments to:

Help Center
Department of Managed Health Care
980 Ninth St, Ste 500
Sacramento, CA 95814-2725
Fax: 916-255-5241

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 SCFHP DualConnect Customer Service. Phone numbers are at the numbers listed at the bottom of this page.



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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- 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, 24 hours a day, 7 days a week.
- Call the California Department of Health Care Services (DHCS) at 1-800-822-6222. or, email DHCS at stopmedicalfraud@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.



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If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call SCFHP DualConnect Customer Service:

1-877-723-4795

Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.

Customer Service also has free language interpreter services available for non-English speakers.

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. 7 days a week, 8 a.m. to 8 p.m.

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