



Santa Clara Family  
Health Plan™

# CAL MEDICCONNECT PLAN

(Medicare-Medicaid Plan)

## Summary of Benefits 2022

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

TTY: **711**

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

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

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

## Introduction

This document is a brief summary of the benefits and services covered by Santa Clara Family Health Plan (SCFHP) Cal MediConnect Plan (Medicare-Medicaid Plan) (SCFHP Cal MediConnect Plan). 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 Cal MediConnect Plan. 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 Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit [www.scfhp.com](http://www.scfhp.com).

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

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## A. Disclaimers



This is a summary of health services covered by Santa Clara Family Health Plan for 2022. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- 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.
- Under SCFHP Cal MediConnect Plan you can get your Medicare and Medi-Cal services in one health plan. An SCFHP Cal MediConnect Plan case manager will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

ATENCIÓN: Si habla español, hay servicios de ayuda de idiomas gratis disponibles para usted. Llame a Servicio al Cliente al 1-877-723-4795 (TTY: 711) de lunes a viernes, de 8 a.m. a 8 p.m. La llamada es gratis.

CHÚ Ý: Nếu quý vị nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi đến Dịch Vụ Khách Hàng theo số 1-877-723-4795 (TTY: 711), từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Cuộc gọi là miễn phí.

注意：如果您说中文，您可申请免费语言援助服务。请于星期一至星期五早上 8 点至晚上 8 点致电 1-877-723-4795 (TTY 用户请致电 711) 与客户服务部联系。本电话免费。

PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyong tulong sa wika na walang bayad. Tumawag sa Serbisyo para sa Mamimili sa 1-877-723-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Ang pagtawag ay libre.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일 오전 8시부터 저녁 8시까지 1-877-723-4795 (TTY: 711)번으로 고객 서비스부에 연락해 주십시오. 통화는 무료입니다.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Զանգահարեք

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**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).



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

հաճախորդներին սպասարկման կենտրոն հետևյալ հեռախոսահամարով՝  
1-877-723-4795 (TTY. 711), երկուշաբթիից ուրբաթ ժ. 8:00 - 20:00: Չանգն  
անվճար է:

ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Службу поддержки клиентов по номеру 1-877-723-4795 (телетайп: 711), с понедельника по пятницу, с 8:00 до 20:00. Звонок бесплатный.

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک‌زبانی به‌صورت رایگان در دسترس شما قرار دارد.  
روزهای دوشنبه تا جمعه، از 8 صبح الی 8 شب، با واحد خدمات مشتریان به شماره 1-877-723-4795 (TTY: 711) تماس بگیرید. تماس با این شماره رایگان است.

ご注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。カスタマーサービス 1-877-723-4795 ( TTY : 711 ) までお電話下さい。サービス時間帯は月曜日から金曜日の午前8時から午後8時までです。通話は無料です。

LUS CEEV: Yog hais tias koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm tus xov tooj 1-877-723-4795 (TTY: 711), hnuv Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. Qhov hu no yog hu dawb xwb.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-877-723-4795 (TTY: 711) 'ਤੇ ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤੀਂ 8 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। ਕਾਲ ਕਰਨ ਦਾ ਪੈਸਾ ਨਹੀਂ ਲੱਗਦਾ।

! تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الاتصال بخدمة العملاء على الرقم 1-877-723-4795 (الهاتف النصي لضعاف السمع (TTY: 711) من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً. الاتصال مجاني.

ध्यान दें: अगर आप हिंदी, भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। ग्राहक सेवा को 1-877-723-4795 (TTY: 711) पर, सोमवार से शुक्रवार, सुबह 8:00 से शाम 8:00 बजे तक कॉल करें यह कॉल निःशुल्क है।

โปรดทราบ: หากท่านพูดภาษาไทย จะมีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย ติดต่อศูนย์บริการลูกค้าได้ที่ 1-877-723-4795 (TTY: 711) ได้ในวันจันทร์ถึงศุกร์ เวลา 08.00 น. ถึง 20.00 น. ไม่มีค่าใช้จ่ายในการโทร

ជូនចំពោះ: ប្រសិនបើលោកអ្នកនិយាយភាសា  
សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។  
ទូរស័ព្ទមកផ្នែកសេវាកម្មអតិថិជនតាមលេខ 1-877-723-4795 (TTY: 711)  
ពីថ្ងៃចន្ទដល់ថ្ងៃសុក្រម៉ោង 8 ព្រឹក។ ដល់ម៉ោង 8 យប់ ការហៅទូរស័ព្ទគិតគិតថ្លៃ។



If you have questions, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

For more information, visit [www.scfhp.com](http://www.scfhp.com).

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ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ໂທຫາສູນບໍລິການລູກຄ້າໄດ້ທີ່ເບີ 1-877-723-4795 (TTY: 711), ວັນຈັນ ຫາ ວັນສຸກ ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ໂທພຣີ.

УВАГА! Якщо ви розмовляєте англійською мовою, ви можете безкоштовно скористатися доступними послугами перекладача. Телефонуйте до служби підтримки клієнтів за номером 1-877-723-4795 (телефонний пристрій із текстовим вводом [Teletype TTY]: 711), понеділок-п'ятниця, з 8:00 до 20:00. Дзвінок безкоштовний.

JANGX LONGX: Beiv taux meih benx gorngv ang gitv waac nyei mienh nor, duqv mbenc maaih nzie weih gong tengx wang-henh faan waac bun muangx maiv zuqc cuotv nyaanh, mbenc nzoih liouh bun meih longc. Douc waac daaih lorx taux nzie weih zipv kaeqv gorn zangc yiem njiec naaiv 1-877-723-4795 (TTY: 711), yiem naaiv liv baaiz yietv mingh taux liv baaiz hmz bouc dauh, yiem 8 diemv lungv ndorm ziagh hoc mingh 8 diemv lungv muonz. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc cuotv nyaanh oc.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-723-4795 (TTY:711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.
- You can make a standing request to get this document, now and in the future, in a language other than English or in an 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

- If you would like a hard copy of the *Member Handbook*, call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. You can also go to [www.scfhp.com](http://www.scfhp.com) to access the *Member Handbook* online.

## • **NONDISCRIMINATION NOTICE**

Discrimination is against the law. SCFHP Cal MediConnect Plan follows State and Federal civil rights laws. SCFHP Cal MediConnect Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental

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disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SCFHP Cal MediConnect Plan 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 Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday 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)**

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## **HOW TO FILE A GRIEVANCE**

If you believe that SCFHP Cal MediConnect Plan 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 Cal MediConnect Plan. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday by calling 1-877-723-4795. Or, if you cannot hear or speak well, please call 711.



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).

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

- 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 Cal MediConnect Plan and say you want to file a grievance.
  - Electronically: Visit SCFHP Cal MediConnect Plan's website at [www.scfhp.com](http://www.scfhp.com).
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### **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

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

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
  - In writing: Fill out a complaint form or send a letter to:  
**Deputy Director, Office of Civil Rights**  
**Department of Health Care Services**  
**Office of Civil Rights**  
**P.O. Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**  
  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
  - Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).
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**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.  
**For more information**, visit [www.scfhp.com](http://www.scfhp.com).



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

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

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

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- **In writing:** Fill out a complaint form or send a letter to:

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

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

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

- Language Assistance Services

### **English Tagline**

ATTENTION: If you need help in your language call 1-877-273-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-4795 (TTY: 711). These services are free of charge.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-273-4795 (TTY: 711), de lunes a viernes, de 8 a.m. a 8 p.m. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-273-4795 (TTY: 711) de lunes a viernes, de 8 a.m. a 8 p.m. Estos servicios son gratuitos.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-273-4795 (TTY: 711), từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-877-273-4795 (TTY: 711), từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Các dịch vụ này đều miễn phí.



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).

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

## 简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-877-273-4795 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-877-273-4795 (TTY: 711)。这些服务都是免费的。

## Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-273-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-273-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Libre ang mga serbisyonang ito.

## الشعار بالعربية (Arabic)

تنبيه: إذا كنت بحاجة إلى الحصول على المساعدة بلغتك، فاتصل بالرقم 1-877-723-4795، من الاثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً. (الهاتف النصي لضعاف السمع والصم (TTY: 711) المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والطباعة الكبيرة، متوفرة أيضًا. اتصل بالرقم 1-877-723-4795، من الاثنين إلى الجمعة، 8 صباحًا إلى 8 مساءً. (الهاتف النصي لضعاف السمع والصم (TTY: 711) يتم تقديم هذه الخدمة مجانًا.

## Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ ոգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-273-4795 (TTY: 711) : Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյուրթեր: Չանգահարեք 1-877-273-4795 (TTY: 711) : Այդ ծառայություններն անվճար են:

## ប្លាសម្ពាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-877-273-4795 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពផ្ទៃ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-877-273-4795 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

## مطلب به زبان فارسی (Farsi)

توجه: اگر نیاز به دریافت کمک به زبان خودتان دارید، از دوشنبه تا جمعه بین ساعات 8 صبح الی 8 شب با 1-877-723-4795 تماس بگیرید. (TTY: 711). کمک و خدمات رسانی به کسانی که ناتوانی خاصی دارند، مثلاً چاپ اسناد با خط بزرگ و حروف بزرگ نیز امکان پذیر است. از دوشنبه تا جمعه بین ساعات 8 صبح الی 8 شب با 1-877-723-4795 تماس بگیرید. (TTY: 711). این خدمات رایگان هستند.

## हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-273-4795 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-273-4795 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

If you have questions, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

For more information, visit [www.scfhp.com](http://www.scfhp.com).



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

## Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-273-4795 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-273-4795 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

## 日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-877-273-4795 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-877-273-4795 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

## 한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-273-4795 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-273-4795 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

## ແທກໄລພາສາລາວ (Laotian)

ແຈ້ງເຕືອນ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂທຫາ 1-877-723-4795, ວັນຈັນ ເຖິງ ວັນສຸກ, ເວລາ 8 ໂມງເຊິງ ຫາ 8 ໂມງແລງ. (TTY: 711). ຄື້ອງຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ດິຈິຕໍລິໂມໃຫຍ່ກໍມີເຊັ່ນກັນ. ໃຫ້ໂທຫາ 1-877-723-4795, ວັນຈັນ ເຖິງ ວັນສຸກ, ເວລາ 8 ໂມງເຊິງ ຫາ 8 ໂມງແລງ. (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ໄດ້ເສຍຄ່າ.

## Mien Tagline (Mien)

CAU FIM JANGX LONGX: Beiv taux meih qiemx zuqc heuc tengx faan benx meih nyei fingz waac nor douc waac lorx taux 1-877-723-4795, yiem liv baaiz yietv mingh taux liv baaiz hmz, yiem 8 diemv ziangh hoc lungnh ndorm mingh taux 8 diemv lungnh muonx (TTY: 711). Mbenc maaih sou-nzangc benx nzangc-pokc aengx caux aamz benx domh sou-daan liouh bun wuaaic fangx mienh longc. Douc waac lorx taux 1-877-723-4795, yiem liv baaiz yietv mingh taux liv baaiz hmz, yiem 8 diemv ziangh hoc lungnh ndorm mingh taux 8 diemv lungnh muonx (TTY: 711). Naaiv se baeqc benx wang-henh nzie weih gong maiv zuqc feix zinh nyaanh oc.

## ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-877-273-4795 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-877-273-4795 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).

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

### Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-273-4795 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-273-4795 (линия ТТУ:711). Такие услуги предоставляются бесплатно.

### แท็กไลน์ภาษาไทย (Thai)

หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-877-723-4795 วันจันทร์ถึงวันศุกร์ เวลา 8.00 น. ถึง 20.00 น. (TTY: 711)  
นอกจากนี้ยังมีบริการความช่วยเหลือสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และตัวอักษรขนาดใหญ่ โปรดโทร 1-877-723-4795 วันจันทร์ถึงวันศุกร์ เวลา 8.00 น. ถึง 20.00 น. (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่ายใดๆ

### Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-273-4795 (TTY: 711) . Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-273-4795 (TTY: 711) . Ці послуги безкоштовні.

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**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).



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

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## B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Cal MediConnect Plan?</b>	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has case managers to help you manage all your providers and services. They all work together to provide the care you need. Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
<b>What is an SCFHP Cal MediConnect Plan case manager?</b>	An SCFHP Cal MediConnect Plan case manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are Long-Term Services and Supports (LTSS)?</b>	LTSS are for members who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.  LTSS include the following programs: Community-Based Adult Services (CBAS) and long-term skilled nursing care provided by Nursing Facilities (NF).



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).

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

Frequently Asked Questions (FAQ)	Answers
<b>Will I get the same Medicare and Medi-Cal benefits in SCFHP Cal MediConnect Plan that I get now?</b>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from SCFHP Cal MediConnect Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in SCFHP Cal MediConnect Plan, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. Also, if you are taking any Medicare Part D prescription drugs that SCFHP Cal MediConnect Plan 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 Cal MediConnect Plan to cover your drug if medically necessary.</p>

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**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).



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

Frequently Asked Questions (FAQ)	Answers
<p><b>Can I go to the same doctors I see now?</b></p>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with SCFHP Cal MediConnect Plan and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers who have an agreement with us are “in-network.” <b>You must use the providers in SCFHP Cal MediConnect Plan’s network.</b></li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SCFHP Cal MediConnect Plan's plan.</li> </ul> <p>To find out if your doctors are in the plan’s network, call Customer Service or read SCFHP Cal MediConnect Plan’s <i>Provider and Pharmacy Directory</i> on the plan’s website at <a href="http://www.scfhp.com">www.scfhp.com</a>.</p> <p>If SCFHP Cal MediConnect Plan is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue using the doctors you use now for up to 12 months if certain conditions are met. Refer to Chapter 1 of the SCFHP Cal MediConnect Plan <i>Member Handbook</i> (also known as the Evidence of Coverage) for more information.</p>
<p><b>What happens if I need a service but no one in SCFHP Cal MediConnect Plan’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, SCFHP Cal MediConnect Plan will pay for the cost of an out-of-network provider.</p>
<p><b>Where is SCFHP Cal MediConnect Plan available?</b></p>	<p>The service area for this plan includes: Santa Clara County. You must live in this area to join the plan.</p>
<p><b>Do I pay a monthly amount (also called a premium) under SCFHP Cal MediConnect Plan?</b></p>	<p>You will not pay any monthly premiums to SCFHP Cal MediConnect Plan for your health coverage.</p>



If you have questions, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

For more information, visit [www.scfhp.com](http://www.scfhp.com).

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

Frequently Asked Questions (FAQ)	Answers
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means that you must get approval from SCFHP Cal MediConnect Plan before you can get a specific service or drug or use an out-of-network provider. SCFHP Cal MediConnect Plan may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. SCFHP Cal MediConnect Plan can provide you with a list of services or procedures that require you to obtain prior authorization from SCFHP Cal MediConnect Plan before the service is provided.</p> <p>Refer to Chapter 3, Section B of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
<p><b>What is a referral?</b></p>	<p>A referral means that your primary care provider (PCP) must give you approval before you can go to someone that is not your PCP or use other providers in the plan's network. If you don't get approval, SCFHP Cal MediConnect Plan may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to Chapter 3, Section D of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>

If you have questions, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

For more information, visit [www.scfhp.com](http://www.scfhp.com).



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

Frequently Asked Questions (FAQ)	Answers
<p><b>What is Extra Help?</b></p>	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”</p> <p>Your prescription drug copays under SCFHP Cal MediConnect Plan already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p><b>Can I view my health plan information online if I enroll?</b></p>	<p>Yes, you can get access to your health plan information online at <a href="http://www.member.scfhp.com">www.member.scfhp.com</a>. As an SCFHP member, you can:</p> <ul style="list-style-type: none"> <li>• View your health plan benefits and summaries</li> <li>• View your current copayment amounts</li> <li>• Search for covered drugs and compare drug prices</li> <li>• View your claims and authorizations</li> <li>• Request a new ID card</li> <li>• Print a temporary ID card</li> <li>• View or change your primary care provider (PCP)</li> <li>• Find a network health care provider or pharmacy</li> <li>• Request transportation to medical appointments</li> </ul>



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

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

Frequently Asked Questions (FAQ)	Answers
<p><b>Who should I contact if I have questions or need help? (continued on the next page)</b></p>	<p><b>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call SCFHP Cal MediConnect Plan Customer Service:</b></p> <p><b>CALL</b> 1-877-723-4795</p> <p>Calls to this number are free. Customer Service Representatives are available Monday through Friday, 8 a.m. to 8 p.m. If you call outside of the plan’s normal Customer Service hours, you can leave a voice mail and we will return your call no more than one business day later. Visit <a href="http://www.scfhp.com">www.scfhp.com</a> for more information about SCFHP Cal MediConnect Plan.</p> <p>Customer Service also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY</b> 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Customer Service is available Monday through Friday, 8 a.m. to 8 p.m.</p>

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



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

Frequently Asked Questions (FAQ)	Answers
<p><b>Who should I contact if I have questions or need help?</b> (continued from previous page)</p>	<p><b>If you have questions about your health, please call the Nurse Advice Line:</b></p> <p><b>CALL</b> 1-844-803-6962</p> <p>Calls to this number are free. The Nurse Advice Line is available 24 hours a day, 7 days a week.</p> <p><b>TTY</b> 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. The Nurse Advice Line is available 24 hours a day, 7 days a week.</p> <p><b>If you need immediate behavioral health services, please call the Suicide and Crisis Center (SACS):</b></p> <p><b>CALL</b> 1-855-278-4204</p> <p>Calls to this number are free. SACS is available 24 hours a day, 7 days a week. Visit <a href="http://www.sccgov.org/sites/bhd/Pages/home.aspx">www.sccgov.org/sites/bhd/Pages/home.aspx</a> for more information.</p> <p><b>TTY</b> 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. SACS is available 24 hours a day, 7 days a week.</p>



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

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

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## C. Overview of Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0 copay	You must go to in-network doctors, specialists, and hospitals.
	Wellness visits, such as a physical	\$0 copay	One wellness visit per benefit year.

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



SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You want a doctor (continued from previous page)</b></p>	<p>Transportation to a doctor's office</p>	<p>\$0 copay</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 Cal MediConnect Plan 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 Cal MediConnect Plan and arranged at least 3 business days before your scheduled appointment.</p> <p>Call Customer Service or login to mySCFHP at <a href="http://www.member.scfhp.com">www.member.scfhp.com</a> to arrange transportation.</p>



**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Specialist care	\$0 copay	You must go to in-network doctors, specialists, and hospitals.
You want a doctor (continued from previous page)	Care to keep you from getting sick, such as flu shots	\$0 copay	<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 SCFHP Cal MediConnect Plan <i>Member Handbook</i> 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 drugs</p>
	“Welcome to Medicare” preventive visit (one time only)	\$0 copay	<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 Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need medical tests</b>	Lab tests, such as blood work	\$0 copay	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0 copay	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0 copay	



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SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<p>Generic drugs (no brand name)</p>	<p>You pay \$0 for a 31-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to the SCFHP Cal MediConnect Plan <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>Cost-sharing amount for these extended-day supplies is the same as for a one-month supply.</p> <p>Not all drugs are available for extended-day supplies.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p>

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued from previous page)</b></p>	<p>Brand name drugs</p>	<p>You pay \$0 to \$9.85 for a 31-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to the SCFHP Cal MediConnect Plan <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>Cost-sharing amount for these extended-day supplies is the same as for a one-month supply.</p> <p>Not all drugs are available for extended-day supplies.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued from previous page)</b></p>	<p>Over-the-counter drugs</p>	<p>\$0 copay</p>	<p>There may be limitations on the types of drugs covered. Please refer to the SCFHP Cal MediConnect Plan <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>The plan offers national in-network over-the-counter drug coverage. This means that you will pay the same cost-sharing amount for your over-the-counter drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>
	<p>Medicare Part B prescription drugs</p>	<p>\$0 copay</p>	<p>Prior authorization or step therapy may be required.</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>

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0 copay	Prior authorization may be required.  Beneficiary must be 18 years or older and meet nursing facility level of care for physical or speech therapy.
<b>You need emergency care</b>	Emergency room services	\$0 copay	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories without prior authorization.  Not covered outside of the U.S. and its territories.
	Ambulance services	\$0 copay	Prior authorization is not required for emergency ambulance services.  Not covered outside of the U.S. and its territories.
	Urgent Care	\$0 copay	You may get urgent care anywhere in the U.S. or its territories without prior authorization.  Not covered outside of the U.S. and its territories.



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital Stay	\$0 copay	Prior authorization may be required.
	Doctor or surgeon care	\$0 copay	Doctor and surgeon care is provided as part of your hospital stay.
You need help getting better or have special health needs	Rehabilitation services	\$0 copay	<p><b>Cardiac and Pulmonary Rehabilitation Services</b></p> <p>Prior authorization may be required.</p> <p><b>Outpatient Rehabilitation Services</b></p> <p>Prior authorization may be required.</p>
	Medical equipment for home care	\$0 copay	<p>Prior authorization may be required.</p> <p>Contact plan for details.</p>
	Skilled nursing care	\$0 copay	<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>

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SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care</b>	Eye exams	\$0 copay	Medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk.  Up to one routine eye exam every year.
	Glasses or contact lenses	\$0 copay	One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery.  Up to \$200 every two years for contact lenses or eyeglasses (frames and lenses).



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SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hearing or auditory services</b>	Hearing screenings	\$0 copay	We pay for hearing and balance tests done by your provider. These tests tell you whether you need medical treatment.  Prior authorization may be required for nursing facility residents.
	Hearing aids	\$0 copay	\$1,510 maximum allowed per member for both ears per fiscal year (July 1 – June 30).  Includes molds, modification supplies, and accessories.  Contact SCFHP Cal MediConnect Plan for details.  Prior authorization may be required.

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a chronic condition, such as diabetes or heart disease</b></p>	<p>Services to help manage your disease</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p>
	<p>Diabetes supplies and services</p>	<p>\$0 copay</p>	<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"> <li>• One pair of therapeutic custom-molded shoes (including inserts), including the fitting, and two extra pairs of inserts each calendar year, <b>or</b></li> <li>• 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).</li> </ul>
<p><b>You have a mental health condition</b></p>	<p>Mental or behavioral health services</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>Certain services may be administered through Santa Clara County.</p> <p>Contact SCFHP Cal MediConnect Plan for more information.</p>



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SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a substance abuse problem</b></p>	<p>Substance abuse services (inpatient and outpatient)</p>	<p>\$0 copay</p>	<p>Prior authorization may be required for inpatient services.</p> <p>Certain services may be administered through Santa Clara County.</p> <p>Contact SCFHP Cal MediConnect Plan for more information.</p>
<p><b>You need long-term mental health services</b></p>	<p>Inpatient care for people who need mental health care</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>Up to 190 Medicare-covered days in a lifetime for inpatient mental health care in a freestanding psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>Medically necessary inpatient psychiatric hospital services in excess of the Medicare-covered 190 lifetime days are covered at no cost to the individual by the local county mental health agency.</p>

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0 copay	Prior authorization may be required.
	Nebulizers	\$0 copay	Prior authorization may be required.
	Crutches	\$0 copay	Prior authorization may be required.
	Walkers	\$0 copay	Prior authorization may be required.
	Oxygen equipment and supplies	\$0 copay	Prior authorization may be required.
<b>You need help living at home (continued on the next page)</b>	Meals brought to your home	\$0 copay	Prior authorization may be required.  Available for Cal MediConnect Plan members as a Care Plan Option when member is engaged in case management and the service is approved for inclusion in their care plan.
	Home services, such as cleaning or housekeeping	\$0 copay	Prior authorization may be required.  Available for Cal MediConnect Plan members as a Care Plan Option when member is engaged in case management and the service is approved for inclusion in their care plan.



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SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help living at home (continued from previous page)</b></p>	<p>Changes to your home, such as ramps and wheelchair access</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>Available for Cal MediConnect Plan members as a Care Plan Option when member is engaged in case management and the service is approved for inclusion in their care plan.</p>
	<p>Home health care services</p>	<p>\$0 copay</p>	<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. Eligibility for home health services applies only to CBAS. Beneficiary must be 18 years old or older and meet nursing facility level of care.</p> <p>Contact SCFHP Cal MediConnect Plan for details.</p>

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help living at home (continued from previous page)</b></p>	<p>Services to help you live on your own</p>	<p>\$0 copay</p>	<p>Available for Cal MediConnect Plan members as a Care Plan Option when member is engaged in case management and the service is approved for inclusion in their care plan.</p>
	<p>Adult day services or other support services</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>May be available for Cal MediConnect Plan members as a Care Plan Option when member is engaged in case management and the service is approved for inclusion in their care plan.</p>
<p><b>You need a place to live with people available to help you</b></p>	<p>Nursing home care</p>	<p>\$0 copay</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 Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Your caregiver needs some time off</b>	Respite care	\$0 copay	<p>Prior authorization may be required.</p> <p>Available for Cal MediConnect Plan members as a Care Plan Option when member is engaged in case management and the service is approved for inclusion in their care plan.</p>
<b>Additional covered service (continued on the next page)</b>	Acupuncture	\$0 copay	<p>We will pay for up to 2 outpatient services per month in one calendar year, or more often if they are medically necessary.</p> <p>Prior authorization may be required for more than 2 services per month and for pregnant women or members living in a nursing facility.</p>

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SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):  
**Summary of Benefits 2022**

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



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

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### D. Services covered outside of SCFHP Cal MediConnect Plan

This is not a complete list. Call Customer Service to find out about other services not covered by SCFHP Cal MediConnect Plan but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
Some hospice care services	\$0 copay
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0 copay
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	Services that are covered under the Medi-Cal Dental Program are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by the Medi-Cal Dental Program.

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

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### E. Services that SCFHP Cal MediConnect Plan, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Customer Service to find out about other excluded services.

#### Services not covered by SCFHP Cal MediConnect Plan, Medicare, or Medi-Cal

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

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### F. Your rights as a member of the plan

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

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Get information in other formats (e.g., large print, braille, and/or audio)
  - Be free from any form of physical restraint or seclusion
  - Not to be billed by network providers
  - Have your questions and concerns answered completely and courteously
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - Description of the services we cover
  - How to get services



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

- How much services will cost you
- Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your doctor advises against it
  - Stop taking medicine
  - Ask for a second opinion, SCFHP Cal MediConnect Plan will pay for the cost of your second opinion visit.
  - Create and apply an advance directive, such as a will or health care proxy.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help you communicate with your doctors and your health plan. Call 1-877-723-4795 if you need help with this service.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services, 24 hours a day, 7 days a week, without prior approval in an emergency
  - Use an out-of-network, urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private

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

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

For more information about your rights, you can read the SCFHP Cal MediConnect Plan *Member Handbook*. If you have questions, you can also call SCFHP Cal MediConnect Plan Customer Service.

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

If you have a complaint or think SCFHP Cal MediConnect Plan should cover something we denied, call SCFHP Cal MediConnect Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the SCFHP Cal MediConnect Plan *Member Handbook*. You can also call SCFHP Cal MediConnect Plan Customer Service.

If you wish to report a problem with your care, you may do one of the following:

- Call SCFHP Cal MediConnect Plan Customer Service at 1-877-723-4795 (TTY: 711).
- Fill out the Online Grievance form at [www.scfhp.com](http://www.scfhp.com), or
- Submit a grievance form to:

Attn: Grievance and Appeals 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 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

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

- 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](http://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

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### H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at SCFHP Customer Service. Phone numbers are on the cover of this summary.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Call the California Department of Health Care Services (DHCS) at 1-800-822-6222.
- Or, email DHCS at [stopmedicalfraud@dhcs.ca.gov](mailto:stopmedicalfraud@dhcs.ca.gov).

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**If you have questions**, please call Santa Clara Family Health Plan at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

**For more information**, visit [www.scfhp.com](http://www.scfhp.com).



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