



Santa Clara Family
Health Plan™

CAL MEDICCONNECT PLAN

(Medicare-Medicaid Plan)

Summary of Benefits 2019

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

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

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

www.scfhp.com

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

Introduction

This document is a brief summary of the benefits and services covered by Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid 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 Santa Clara Family Health Plan Cal MediConnect. 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, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users call 1-800-735-2929 or 711. The call is free. **For more information**, visit www.scfhp.com.

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

A. Disclaimers



This is a summary of health services covered by Santa Clara Family Health Plan (SCFHP) for 2019. 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 Santa Clara Family Health Plan (SCFHP) Cal MediConnect you can get your Medicare and Medi-Cal services in one health plan. An SCFHP Cal MediConnect 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 another language, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-735-2929 or 711. The call is free.

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

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

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

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

주의:한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일까지 오전 8시부터 오후 8시사이에 1-877-723-

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4795번으로 고객 서비스 부서에 전화해 주십시오. TTY/TDD 사용자는 1-800-735-2929번 또는 711번으로 전화해 주시면 됩니다. 통화료는 무료입니다.

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

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

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

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

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

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

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

ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। आप सोमवार से शुक्रवार, सुबह 8 बजे से रात के 8 बजे तक ग्राहक सेवा को



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

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

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect Plan?	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.
What is an SCFHP Cal MediConnect case manager?	A SCFHP Cal MediConnect 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.
What are Long-Term Services and Supports (LTSS)?	LTSS are for beneficiaries 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: Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).



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Frequently Asked Questions (FAQ)	Answers
<p>Will you get the same Medicare and Medi-Cal benefits in SCFHP Cal MediConnect that you get now?</p>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from SCFHP Cal MediConnect. 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, 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 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 to cover your drug if medically necessary.</p>
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with SCFHP Cal MediConnect and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers who have an agreement with us are “in-network.” You must use the providers in SCFHP Cal MediConnect’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SCFHP Cal MediConnect’s plan. <p>To find out if your doctors are in the plan’s network, call Customer Service or read SCFHP Cal MediConnect’s <i>Provider and Pharmacy Directory</i>.</p> <p>If SCFHP Cal MediConnect is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for up to 12 months if certain conditions are met. See Chapter 1 of the SCFHP Cal MediConnect <i>Member Handbook</i> (also known as the Evidence of Coverage) for more information.</p>

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

Frequently Asked Questions (FAQ)	Answers
What happens if you need a service but no one in SCFHP Cal MediConnect’s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, SCFHP Cal MediConnect will pay for the cost of an out-of-network provider.
Where is SCFHP Cal MediConnect available?	The service area for this plan includes: Santa Clara County. You must live in this area to join the plan.
Do you pay a monthly amount (also called a premium) under SCFHP Cal MediConnect?	You will not pay any monthly premiums to SCFHP Cal MediConnect for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from SCFHP Cal MediConnect before you can get a specific service or drug or see an out-of-network provider. SCFHP Cal MediConnect 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 can provide you with a list of services or procedures that require you to obtain prior authorization from SCFHP Cal MediConnect before the service is provided.</p> <p>See Chapter 3, Section B of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>



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

Frequently Asked Questions (FAQ)	Answers
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan’s network. If you don’t get approval, SCFHP Cal MediConnect may not cover the services. You don’t need a referral to see certain specialists, such as women’s health specialists.</p> <p>See 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>
<p>What is Extra Help?</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 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>

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

Frequently Asked Questions (FAQ)	Answers
Can I see my health plan information online?	<p>Yes, you can get access to your health plan information online. Sign up for mySCFHP at www.member.scfhp.com. You will need your SCFHP member ID card to sign up. Log in to:</p> <ul style="list-style-type: none">• View your health plan benefits and summaries• View your current copayment amounts• Search for covered drugs and compare drug prices• View your claims and authorizations• Request a new ID card• Print a temporary 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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Frequently Asked Questions (FAQ)	Answers
<p>Who should you contact if you have questions or need help? (continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call SCFHP Cal MediConnect Customer Service:</p> <p>CALL 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 www.scfhp.com for more information about SCFHP Cal MediConnect.</p> <p>Customer Service also has free language interpreter services available for people who do not speak English.</p> <p>TTY 1-800-735-2929 or 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.</p> <p>Monday through Friday, 8 a.m. to 8 p.m.</p>

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

Frequently Asked Questions (FAQ)	Answers
<p>Who should you contact if you have questions or need help? (continued from previous page)</p>	<p>If you have questions about your health, please call the Nurse Advice Line:</p> <p>CALL 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>TTY 1-800-735-2929 or 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>If you need immediate behavioral health services, please call the Suicide and Crisis Center (SACS):</p> <p>CALL 1-855-278-4204</p> <p>Calls to this number are free. SACS is available 24 hours a day, 7 days a week. Visit https://www.sccgov.org/sites/bhd/Pages/home.aspx for more information.</p> <p>TTY 1-800-735-2929 or 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>



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

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 to see a doctor (continued on the next page)	Visits to treat an injury or illness	\$0 copay	
	Wellness visits, such as a physical	\$0 copay	One wellness visit per benefit year.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want to see a doctor (continued from previous page)</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 and arranged at least 5 business days before your scheduled appointment.</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 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>
	<p>Specialist care</p>	<p>\$0 copay</p>	<p>You must go to in-network doctors, specialists, and hospitals.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want to see a doctor (continued from previous page)</p>	<p>Care to keep you from getting sick, such as flu shots</p>	<p>\$0 copay</p>	<p>Vaccines, including flu shots (once a year), Hepatitis B shots, pneumonia vaccines and other vaccines may be covered. See the SCFHP Cal MediConnect <i>Member Handbook</i> for more details.</p>
	<p>“Welcome to Medicare” preventive visit (one time only)</p>	<p>\$0 copay</p>	<p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare preventive visit or an Annual Wellness Visit.</p> <p>After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>
<p>You need medical tests (continued on the next page)</p>	<p>Lab tests, such as blood work</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p>
	<p>X-rays or other pictures, such as CAT scans</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need medical tests (continued from previous page)</p>	<p>Screening tests, such as tests to check for cancer</p> <ul style="list-style-type: none"> • Cervical and vaginal cancer screening • Colorectal cancer screening • Breast cancer screening (mammogram) • Prostate cancer screening 	<p>\$0 copay</p>	<p>Prior authorization may be required.</p>



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Health need or problem	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>You pay either \$0, \$1.25, or \$3.40 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 see the SCFHP Cal MediConnect <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

Health need or problem	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 from previous page)</p>	<p>Brand name drugs</p>	<p>You pay either \$0, \$3.80, or \$8.50 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 see the SCFHP Cal MediConnect <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

Health need or problem	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 from previous page)</p>	<p>Over-the-counter drugs</p>	<p>\$0 copay</p>	<p>There may be limitations on the types of drugs covered. Please see the SCFHP Cal MediConnect <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 his or her 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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0 copay	<p>Prior authorization may be required.</p> <p>Medically necessary physical therapy, occupational therapy, and speech therapy services are covered.</p> <p>You must meet eligibility criteria.</p>
You need emergency care	Emergency room services	\$0 copay	<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>
	Ambulance services	\$0 copay	<p>Prior authorization is not required for emergency ambulance services.</p> <p>Not covered outside of the U.S. and its territories.</p>
	Urgent Care	\$0 copay	<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>



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hospital care</p>	<p>Hospital Stay</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>Hospital services are covered when determined to be medically necessary by your doctor and SCFHP Cal MediConnect.</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>Except in an emergency, your doctor must tell SCFHP Cal MediConnect that you are going to be admitted to the hospital.</p>
	<p>Doctor or surgeon care</p>	<p>\$0 copay</p>	<p>Doctor and surgeon care is provided as part of your hospital stay.</p>
<p>You need help getting better or have special health needs (continued on the next page)</p>	<p>Rehabilitation services</p>	<p>\$0 copay</p>	<p>Cardiac and Pulmonary Rehabilitation Services</p> <p>Prior authorization may be required.</p> <p>Outpatient Rehabilitation Services</p> <p>Medically necessary physical therapy, occupational therapy, and speech therapy services are covered.</p> <p>Prior authorization may be required. You must meet eligibility criteria.</p>

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

Health need or problem	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 from previous page)</p>	<p>Medical equipment for home care</p>	<p>\$0 copay</p>	<p>Prior authorization may be required. Contact plan for details.</p>
	<p>Skilled nursing care</p>	<p>\$0 copay</p>	<p>Skilled Nursing Facility (SNF) Prior authorization may be required. No limit to the number of days covered by the plan per SNF stay. No prior hospital stay is required.</p> <p>Home Health Care Includes medically necessary short-term intermittent skilled nursing care and rehabilitation services. Prior authorization may be required. Must meet nursing facility level of care. Contact SCFHP Cal MediConnect for details.</p>
<p>You need eye care (continued on the next page)</p>	<p>Eye exams</p>	<p>\$0 copay</p>	<p>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. A referral may be required.</p>



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued from previous page)</p>	<p>Glasses or contact lenses</p>	<p>\$0 copay</p>	<p>One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery.</p> <p>Up to \$100 every two years for contact lenses or eyeglasses (frames and lenses).</p>
<p>You need hearing or auditory services</p>	<p>Hearing screenings</p>	<p>\$0 copay</p>	<p>We pay for hearing and balance tests done by your provider. These tests tell you whether you need medical treatment.</p>
	<p>Hearing aids</p>	<p>\$0 copay</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 Cal MediConnect for details.</p> <p>Prior authorization may be required for nursing facility residents.</p>

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a chronic condition, such as diabetes or heart disease</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"> • 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).



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition</p>	<p>Mental or behavioral health services</p> <ul style="list-style-type: none"> • Individual therapy visit • Group therapy • Individual therapy visit with a psychiatrist • Group therapy visit with a psychiatrist • Partial hospitalization program services 	<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 for more information.</p>
<p>You have a substance abuse problem</p>	<ul style="list-style-type: none"> • Substance abuse services (inpatient and outpatient) • Individual substance abuse outpatient treatment visit • Group substance abuse outpatient treatment visit 	<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 for more information.</p>

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need long-term mental health services</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>
<p>You need durable medical equipment (DME) (continued on the next page)</p>	<p>Wheelchairs</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>See the <i>List of Durable Medical Equipment</i> for information on the brands/makers that we will pay for.</p>
	<p>Nebulizers</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>See the <i>List of Durable Medical Equipment</i> for information on the brands/makers that we will pay for.</p>



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME) (continued from previous page)</p>	Crutches	\$0 copay	<p>Prior authorization may be required.</p> <p>See the <i>List of Durable Medical Equipment</i> for information on the brands/makers that we will pay for.</p>
	Walkers	\$0 copay	<p>Prior authorization may be required.</p> <p>See the <i>List of Durable Medical Equipment</i> for information on the brands/makers that we will pay for.</p>
	Oxygen equipment and supplies	\$0 copay	<p>Prior authorization may be required.</p> <p>See the <i>List of Durable Medical Equipment</i> for information on the brands/makers that we will pay for.</p>
<p>You need help living at home (continued on the next page)</p>	Meals brought to your home	\$0 copay	<p>Prior authorization may be required.</p> <p>Available for Cal MediConnect 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>

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

Health need or problem	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 from previous page)</p>	<p>Home services, such as cleaning or housekeeping</p>	<p>\$0 copay</p>	<p>Prior authorization may be required.</p> <p>Available for Cal MediConnect 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>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 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>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>
	<p>Services to help you live on your own</p>	<p>\$0 copay</p>	<p>Available for Cal MediConnect 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>



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

Health need or problem	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 from previous page)</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 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>You need a place to live with people available to help you</p>	<p>Nursing home care</p> <ul style="list-style-type: none"> • Nursing facility stay • Nursing facility resident chiropractic care and foot care • Nursing facility resident vision and dental • Nursing facility resident acupuncture • Nursing facility resident hearing exams and hearing aids 	<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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0 copay	<p>Prior authorization may be required.</p> <p>Available for Cal MediConnect 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>



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

D. Other services that SCFHP Cal MediConnect covers

This is not a complete list. Call Customer Service or read the *Member Handbook* to find out about other covered services.

Other services covered by SCFHP Cal MediConnect (continued on the next page)	Your costs for in-network providers
<p>Acupuncture</p> <p>We will pay for up to two outpatient acupuncture services in any one calendar month, or more often if they are medically necessary. Not reimbursable when billed as an emergency or inpatient service. Must be used to treat a condition also covered by other modalities. Covered when provided by physician, dentist, podiatrist, and acupuncturist.</p> <p>Prior authorization may be required for pregnant women or members living in a nursing facility.</p>	\$0 copay
<p>Chiropractic services</p> <p>Covered for adjustments of the spine to correct alignment (when accompanied by documented subluxation).</p> <p>Prior authorization may be required.</p>	\$0 copay
<p>Fitness Benefit</p> <p>Through the Silver & Fit® exercise and healthy aging program, eligible members have access to:</p> <ul style="list-style-type: none"> • a membership to a participating fitness club or gym <li style="text-align: center;">or • up to 2 home fitness kits per year to stay active at home. 	\$0 copay
<p>Hospice</p> <p>A physician must certify you for hospice.</p> <p>You must get hospice care from a Medicare-certified hospice program.</p>	\$0 copay

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

Other services covered by SCFHP Cal MediConnect (continued from previous page)	Your costs for in-network providers
Incontinence creams and diapers Prior authorization may be required.	\$0 copay
Podiatry services Covered for podiatry visits for medically necessary foot care.	\$0 copay
Renal dialysis Prior authorization may be required.	\$0 copay
Tobacco use cessation counseling Prior authorization may be required.	\$0 copay
Transgender services Prior authorization may be required.	\$0 copay
Wellness/education <ul style="list-style-type: none"> • Nurse advice line • Health education materials and classes • Smoking and tobacco use cessation Prior authorization may be required.	\$0 copay



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

E. Services covered outside of SCFHP Cal MediConnect

This is not a complete list. Call Customer Service to find out about other services not covered by SCFHP Cal MediConnect 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 Denti-Cal, 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 Denti-Cal.

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

F. Services that SCFHP Cal MediConnect, 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, 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

G. Your rights as a member of the plan

As a member of SCFHP Cal MediConnect, 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
 - How much services will cost you



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

- 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 you can change your PCP at any time during the year
 - See 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 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 seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services, 24 hours a day, seven days a week, without prior approval in an emergency
 - See 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 make complaints about your covered services or care.** This includes the right to:

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SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan):

Summary of Benefits

- File a complaint or grievance against us or our providers. 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 *Member Handbook*. If you have questions, you can also call SCFHP Cal MediConnect Customer Service.

H. How to file a complaint or appeal a denied service

If you have a complaint or think SCFHP Cal MediConnect should cover something we denied, call SCFHP Cal MediConnect at 1-877-723-4795, 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 *Member Handbook*. You can also call SCFHP Cal MediConnect Customer Service.

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

- Call SCFHP Cal MediConnect Customer Service at 1-877-723-4795. TTY/TDD users should call 1-800-735-2929 or 711.
- Fill out the Online Grievance form at www.scfhp.com, or
- Submit a grievance form to:

Attn: Appeals and Grievances Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158



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

I. 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.

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



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

J. Nondiscrimination Notice

Discrimination is Against the Law

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

SCFHP:

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

If you need these services, contact Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users call 1-800-735-2929 or 711.



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

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

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

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

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

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

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

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

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



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