

We heal and inspire the human spirit.

To: Medicare PCPs, Specialists, Vision Providers & IPAs

From: IEHP – Provider Relations

Date: February 26, 2025

Subject: REMINDER: 2025 IEHP DualChoice (HMO D-SNP) Plan Benefits

Thanks for your partnership in the IEHP DualChoice (HMO D-SNP) plan. Our network makes the difference; this is a reminder that IEHP DualChoice (HMO D-SNP) Members receive great benefits!

2025 Benefits	
Prescription Copays	\$0 generic, brand medications and over-the-counter (OTC) medicines
Vision	 Exam/Lenses/Frame: Once every 12 months Frames are covered up to \$350 and can only be applied to one frame. Lenses are covered at 100% based on medical necessity and available benefit only. Member may opt for contact lens in lieu of glasses. The \$350 allowable will applied to the contact lens.
Utilities Allowance	\$65 monthly allowance toward utility bills (up to \$780 per year) This benefit is a part of special supplemental program for the chronically ill. Not all members qualify.
Over The Counter Items	\$40 per quarter (every three months) toward the purchase of approved over the counter items
Transportation	Unlimited transportation to and from medical visits including dental visits and pharmacies. This is a Medi-Cal benefit

A full summary of the 2025 benefits is available at: <u>IEHP - 2025 Plan Benefits</u> or IEHP.org > Browse Plans > IEHP DualChoice > 2025 Plan Benefits

Your Members with both Medi-Cal and Medicare can enroll in IEHP DualChoice at any time. Please let your eligible patients know that they can enroll by calling IEHP DualChoice at 1-800-741-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-IEHP (4347).

As a reminder, all IEHP communications can be found at: <u>www.providerservices.iehp.org</u> > Provider Central > News and Updates > Notices

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email <u>ProviderServices@iehp.org</u>