SFHP Care Plus

SFHP Care Plus (HMO D-SNP), a Medicare Medi-Cal Plan

Annual Notice of Change for 2027

sfhp.org/careplus-members

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SFHP Care Plus (HMO D-SNP) offered by San Francisco Health Plan

Annual Notice of Change for 2027

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at sfhp.org/careplus-members. Call Customer Service at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in English, Chinese (Traditional), Spanish, Vietnamese, Russian, and Tagalog.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call SFHP Care Plus Customer Service at 1(833) 530-7327 (TTY: 711). We are open 8:00am–8:00pm, seven days a week from October through March, closed on Saturdays and Sundays from April through September.
- Please call SFHP Customer Service:
    - To request materials in a preferred language other than English and/or alternate format,
    - To submit a standing request for future mailings and communications or change a standing request for preferred language and/or format.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ENGLISH - ATTENTION: If you need help in your language, call **1(833) 530-7327** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1(833) 530-7327** (TTY: **711**). These services are free.

العربية (ARABIC) - يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1(833) 530-7327** (TTY: **711**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1(833) 530-7327** (TTY: **711**). هذه الخدمات مجانية.

Հայերեն (ARMENIAN) - ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1(833) 530-7327** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1(833) 530-7327** (TTY: **711**): Այս ծառայություններն անվճար են:

ខ្មែរ (CAMBODIAN) - ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់ អ្នក សូម ទូរស័ព្ទទៅលេខ **1(833) 530-7327** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាច រកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1(833) 530-7327** (TTY: **711**)។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។

简体中文标语 (CHINESE - SIMPLIFIED) - 请注意：如果您需要以您的母语提供帮助，请致电 **1(833) 530-7327** (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(833) 530-7327** (TTY: **711**)。这些服务是免费的。

繁體中文 (CHINESE - TRADITIONAL) - 請注意：如果您需要以您的母語提供幫助，請致電 **1(833) 530-7327** (TTY: **711**)。另外還提供針對殘障人士的説明和服務，例如盲文和需要較大字體閱讀，也是方便取用的。請致電 **1(833) 530-7327** (TTY: **711**)。這些服務是免費的。

فارسی (FARSI) - توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1(833) 530-7327** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1(833) 530-7327** (TTY: **711**) تماس بگیرید. این خدمات رایگان هستند.

हिंदी (HINDI) - ध्यान दें: यदि आपको अपनी भाषा में मदद चाहिए, तो **1(833) 530-7327** (TTY: **711**). । विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। **1(833) 530-7327** (TTY: **711**) । ये सेवाएँ निःशुल्क हैं।

HMOOB (HMONG) - CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1(833) 530-7327** (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(833) 530-7327** (TTY: **711**). Cov kev pabcuam no pub dawb.

日本語 (JAPANESE) - 注記：あなたの言語でサポートが必要な場合は、**1(833) 530-7327** (TTY: **711** までお電話ください)。また、点字や大きな活字で作成したドキュメントなど、障害をお持ちの方のための補助やサービスもご利用いただけます。**1(833) 530-7327** (TTY: **711** までお電話ください)。これらのサービスは無料です。

한국어 (KOREAN) - 주의: 자국어로 도움이 필요한 경우, **1(833) 530-7327** (TTY: **711** 으로 전화하십시오). 점자 및 큰 글씨로 된 문서 등 장애인을 위한 보조 도구와 서비스도 제공됩니다. **1(833) 530-7327** (TTY: **711** 으로 전화하십시오). 이러한 서비스는 무료입니다.

ພາສາລາວ (LAO) - ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ **1(833) 530-7327** (TTY: **711**). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ແມ່ນຍັງມີຢູ່. ໂທ **1(833) 530-7327** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ ແມ່ນຟຣີ.

MIEN (MIEN) - LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1(833) 530-7327** (TTY: **711**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1(833) 530-7327** (TTY: **711**). Naaiv deix gong benx wangv henh tengx oc.

ਪੰਜਾਬੀ (PUNJABI) - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1(833) 530-7327** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1(833) 530-7327** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

РУССКИЙ (RUSSIAN) - ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1(833) 530-7327** (линия TTY: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1(833) 530-7327** (линия TTY: **711**). Эти услуги являются бесплатными.

ESPAÑOL (SPANISH) - ATENCIÓN: si necesita ayuda en su idioma, llame al **1(833) 530-7327** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1(833) 530-7327** (TTY: **711**). Estos servicios son gratuitos.

TAGALOG (TAGALOG-FILIPINO) - ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1(833) 530-7327** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1(833) 530-7327** (TTY: **711**). Libre ang mga serbisyong ito.

ภาษาไทย (THAI) - โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1(833) 530-7327** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1(833) 530-7327** (TTY: **711**) บริการไม่มีค่าใช้จ่ายใด ๆ

УКРАЇНСЬКОЮ (UKRAINIAN) - УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1(833) 530-7327** (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(833) 530-7327** (TTY: **711**). Ці послуги є безкоштовними.

TIẾNG VIỆT (VIETNAMESE) - CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1(833) 530-7327** (TTY: **711**). 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(833) 530-7327** (TTY: **711**). Những dịch vụ này đều là miễn phí.

Table of Contents

A. Disclaimers 8

B. Reviewing your Medicare and Medi-Cal coverage for next year 8

B1. Information about SFHP Care Plus 8

B2. Important things to do 9

C. Changes to our network providers and pharmacies 10

D. Changes to benefits and costs for next year 11

D1. Changes to benefits and costs for medical services 11

D2. Changes to drug coverage 12

E. Choosing a plan 16

E1. Staying in our plan 16

E2. Changing plans 16

F. Getting help 21

F1. Our plan 21

F2. Health Insurance Counseling and Advocacy Program (HICAP) 21

F3. Ombudsman Program 22

F4. Medicare 22

F5. California Department of Managed Health Care 23

A. Disclaimers

- SFHP Care Plus (HMO D-SNP) is a Medicare Advantage Organization with Medicare and Medi-Cal contracts. Enrollment in SFHP Care Plus depends on contract renewal.
- Out-of-network/non-contracted providers are under no obligation to treat Care Plus Plan members, except in emergency situations. Please call SFHP Care Plus Customer Service or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Medi-Cal programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section E2.**
- Medi-Cal options and services in **Section E2.**

B1. Information about SFHP Care Plus

- SFHP Care Plus is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means the Medicare Medi-Cal Plan.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they'll work for you next year.
  - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with SFHP Care Plus:	If you decide to change plans:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in SFHP Care Plus.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section E2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

We haven't made any changes to our network of providers and pharmacies for next year.

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

Please review the 2027 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at sfhp.org/careplus-members. You may also call SFHP Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Customer Service at the number at the bottom of the page for help.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2026 (this year)	2027 (next year)
Prescription Drugs	You pay a **$0–$12.65** copay for covered prescription drugs.	You pay a **$0** copay for all covered prescription drugs.
Worldwide Emergency/ Urgent Care Services	Worldwide Emergency/ Urgent Care Services isn't covered	You pay $0 copay for covered Worldwide Emergency/Urgent Care Services when you are out of the service area for 6 months or less. This benefit is limited to $50,000 per year. Refer to Chapter 4 of the *Member Handbook* for more information.
Over-the-Counter (OTC) Allowance	You receive a $150 OTC allowance **per quarter** to purchase over-the-counter health and wellness items. The funds are automatically loaded onto the SFHP Care Plus flex card.	You receive a $90 OTC allowance **per month** to purchase over-the-counter health and wellness items. The funds are automatically loaded onto your SFHP Care Plus flex card.

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill Program (SSBCI)	Eligible members receive an allowance loaded onto the SFHP Care Plus flex card that may be used to purchase or pay for the following goods and services at specified retail locations: • Up to $20 a month for healthy foods/groceries: fresh fruits, vegetables, frozen meals, meat, seafood, nutritional shakes, water, and more • Up to $20 a month to help pay your rent, mortgage, or utility bills (such as electric, heating, cable, satellite, telecommunication services, computer networks/information services, and more)	Eligible members may use the monthly $90 OTC allowance towards the purchase of the following goods and services at specified retail locations: • Healthy foods/groceries: such as fresh fruits, vegetables, frozen meals, meat, seafood, nutritional shakes, water, dairy, and grains • Utility bills: such as electric, heating, cable, satellite, telecommunication services, computer networks/information services, and water

D2. Changes to drug coverage

Changes to our *Drug List*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at sfhp.org/careplus-members.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
    - You can call Customer Service at the numbers at the bottom of the page or contact your care manager to ask for a *List of Covered Drugs* that treat the same condition.
    - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
    - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
    - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Customer Service at the numbers at the bottom of the page.
    - If you need help asking for an exception, contact Customer Service or your care manager. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
    - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.

- This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Changes to drug costs

There are changes to the amount you pay for drugs in 2027. Read below for more information about your drug coverage.

The following table shows your costs for drugs in each of our six (6) drug tiers.

	2026 (this year)	**2027 (next year)**
Drugs in Tier 1 (preferred generic drugs) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is $0.	Your copay for a one-month (30-day) supply is $0.
Drugs in Tier 2 (generic drugs) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is $0–$5.10.	Your copay for a one-month (30-day) supply is $0.

Drugs in Tier 3 (preferred brand name drugs) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is $0–$12.65.	Your copay for a one-month (30-day) supply is $0.
Drugs in Tier 4 (brand name drugs) Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is $0–$12.65.	Your copay for a one-month (30-day) supply is $0.
Drugs in Tier 5 (specialty drugs) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is $0–$12.65.	Your copay for a one-month (30-day) supply is $0.
Drugs in Tier 6 (preferred generic drugs to help manage chronic conditions) Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is $0.	Your copay for a one-month (30-day) supply is $0.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2027.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.
- Because you have Medi-Cal, you have some choices to end your membership in our plan including any month of the year.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:	**Here is what to do:**
A Medi-Medi Plan is a type of Medicare Advantage plan. It's for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify. **Note:** The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223). If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling. **OR** Enroll in a new Medi-Medi Plan. You'll automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.

2. You can change to:	Here is what to do:
Original Medicare with a separate Medicare drug plan	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling. **OR** Enroll in a new Medicare prescription drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan won't change unless you request a change.

3. You can change to:	Here is what to do:
Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason **NOTE**: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan won't change unless you request a change.

4. You can change to: **Any Medicare health plan** during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2.**	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling. **OR** Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins. Your Medi-Cal plan may change.

Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday–Friday from 8 a.m. to 6 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

F. Getting help

F1. Our plan

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 will be available by October 15. You can also review the *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at sfhp.org/careplus-members. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2027.

Our website

You can visit our website at sfhp.org/careplus-members. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List* (*List of Covered Drugs*).

F2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP isn't connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling.

F3. Ombudsman Program

The Medicare Medi-Cal Ombudsman Program can help you if you have a problem with our plan. The Ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombudsman Program:

- can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombudsman Program is 1-855-501-3077.

F4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2027

You can read the *Medicare & You 2027* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

F5. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1(833) 530-7327** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

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