



2026 Summary of Benefits

A photograph of an older man and a woman smiling and looking off to the side. The man is wearing a plaid shirt over a dark t-shirt and has a camera hanging from his neck. The woman is wearing a dark jacket and has her arm around the man's shoulder. They are both smiling and looking towards the right side of the frame.

sfhp.org/care-plus

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

2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by SFHP Care Plus (HMO D-SNP). 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 SFHP Care Plus. 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 SFHP Care Plus 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. The call is free. **For more information**, visit sfhp.org/care-plus.

A. Disclaimers



This is a summary of health services covered by SFHP Care Plus for January 1, 2026–December 31, 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the *Member Handbook* is available on our website at **sfhp.org**. You may also call Customer Service toll-free 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.

- SFHP Care Plus (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with Medicare and Medicaid contracts. Enrollment in SFHP Care Plus depends on contract renewal.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- Special Supplemental Benefits for the Chronically Ill (SSBCI) -The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. If you are diagnosed by your PCP with any of the following chronic condition(s) listed below and meet certain criteria, you may be eligible for additional benefits:
 - o Chronic alcohol use disorder and other substance use disorders (SUDs)
 - o Autoimmune disorders
 - o Cancer
 - o Cardiovascular disorders
 - o Chronic heart failure
 - o Other eligible conditions not listed



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Even if you have one of the previously listed chronic conditions, you will not necessarily receive the benefits because coverage of the item depends on you having one of the qualifying conditions that is life-threatening or significantly limits your overall health or function and have a high risk of hospitalization or other adverse health outcomes; and requires intensive care coordination.

- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00am and 5:00pm. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00am and 5:00pm.



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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 بريـل 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 របស់អ្នក សូម ទូរស័ព្ទទៅ លេខ **1(833) 530-7327** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារ សរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាច រកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1(833) 530-7327** (TTY: **711**)។ សេវាកម្មទាំងនេះគឺ ឥតគិតថ្លៃ។

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。



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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說明和服務，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。



If you have questions, please call SFHP Care Plus 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. The call is free. **For more information**, visit sfhp.org/care-plus.

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) - ຂໍຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ ໂທຫາ (TTY: **711**) **1(833) 530-7327**. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນຸນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ແມ່ນຍັງມີຢູ່. ໂທ **1(833) 530-7327** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣີ.

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 hluc 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.



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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.



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- This document is available for free in English, Chinese (Traditional), Spanish, Vietnamese, Russian, and Tagalog.
- You can get this document for free in other formats, such as large print, braille, or audio. Call SFHP Care Plus Customer Service toll-free 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.
- You can also make a standing request to get materials in other languages and/or alternate format:
 - o You can request to receive your materials in another language and/or alternate format at any time. We will keep your preference indefinitely, or until you request to change it again. To receive this document in a language other than English and/or in an alternate format, or to change a standing request for preferred language and/or format, please contact SFHP Care Plus Customer Service toll-free 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.



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-Term Services and Supports (LTSS), and other providers. It also has Care Managers to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in SFHP Care Plus that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from SFHP Care Plus. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in SFHP Care Plus, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that SFHP Care Plus doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for SFHP Care Plus to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.



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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued on the next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with SFHP Care Plus and have a contract with us, you can keep going to them. • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in SFHP Care Plus’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SFHP Care Plus’s plan. • If you’re currently under treatment with a provider that’s out of SFHP Care Plus’s network or have an established relationship with a provider that’s out of SFHP Care Plus’s network, call Customer Service to check about staying connected and ask for continuity of care. • For members who join a D-SNP on or after January 1, 2026 and are already receiving Medi-Cal Enhanced Care Management (ECM) from their Managed Care Plan (MCP), D-SNPs shall provide ongoing continuity of care with existing Medi-Cal ECM providers, when possible, for up to 12 months. • You, your authorized representative, or your provider can ask for continuity of care with an out-of-network Medicare provider if: - o You have had a non-emergency visit to a primary or specialty care provider once during the last 12 months prior to your enrollment into our plan, you and your provider can request Continuity of Care. - o Your provider is willing to accept our plan’s payment rates and does not have any documented quality issues that prevent us from paying them,



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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	then you can continue to receive care from this primary or specialty care provider for an additional 12 months after enrolling into our plan. To find out if your doctors are in the plan's network, call Customer Service at the numbers listed at the bottom of this or read SFHP Care Plus's Provider and Pharmacy Directory on the plan's website at sfhp.org/care-plus. If SFHP Care Plus is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.
What's an SFHP Care Plus Care Manager?	A SFHP Care Plus Care Manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Care Manager or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in SFHP Care Plus's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, SFHP Care Plus will pay for the cost of an out-of-network provider.



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Frequently Asked Questions	Answers
Where's SFHP Care Plus available?	The service area for this plan includes San Francisco County, California. You must live in this area to join the plan.
What's prior authorization?	Prior authorization means an approval from SFHP Care Plus to seek services outside of our network or to get services not routinely covered by our network before you get the services. SFHP Care Plus may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. SFHP Care Plus can provide you or your provider with a list of services or procedures that require you to get prior authorization from SFHP Care Plus before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under SFHP Care Plus?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of SFHP Care Plus?	No. You don't pay deductibles in SFHP Care Plus.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of SFHP Care Plus?	There's no cost sharing for medical services in SFHP Care Plus, so your annual out-of-pocket costs will be \$0.



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C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Our plan covers 90 days for an inpatient hospital stay. Our plan also includes 60 lifetime reserve days. These are additional days you can use if your hospital stay goes beyond 90 days. However, once you've used all 60 lifetime reserve days, your inpatient hospital coverage will be limited to 90 days. Prior authorization rules may apply. Contact plan for details.
	Doctor or surgeon care	\$0	Prior authorization rules may apply. Contact plan for details.
	Outpatient hospital services, including observation	\$0	Prior authorization rules may apply. Contact plan for details.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization rules may apply. Contact plan for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	Prior authorization rules may apply. Contact plan for details.
	Specialist care	\$0	Prior authorization rules may apply. Contact plan for details.
	Wellness visits, such as a physical	\$0	Prior authorization rules may apply. Our plan covers an annual wellness visit to make or update your care plan to help prevent illness. We pay for this once every 12 months.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Applies to all preventive services covered under Original Medicare or Medi-Cal.
	“Welcome to Medicare” (preventive visit one time only)	\$0	We cover the one-time “Welcome to Medicare” preventive visit. The visit includes: • A review of your health, • Education and counseling about the preventive services you need (including screenings and shots), and • Note: We cover the “Welcome to Medicare” preventive visit only during the first 12 months that you



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued from previous page)			have Medicare Part B. When you make your appointment, tell your doctor's office you want to schedule your "Welcome to Medicare" preventive visit.
You need emergency care	Emergency room services	\$0	Emergency room services are also covered out-of-network and without prior authorization.
	Urgent care	\$0	Urgent care services are also covered out-of-network and without prior authorization.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization rules may apply. Contact plan for details.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization rules may apply. Contact plan for details.
You need hearing/auditory services (continued on the next page)	Hearing screenings	\$0	Hearing screening includes exams to diagnose and treat hearing and balance issues. Routine exams and fittings and evaluations for hearing aids are limited to one exam/fitting or evaluation per year.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued from previous page)	Hearing aids	\$0	Supplemental Benefit: Our plan pays up to \$2,000 above the state Medi-Cal limit of \$1,510 per fiscal year (July 1–June 30) for hearing aids. This includes molds, modification supplies, and accessories.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	Covered under Medi-Cal Dental. Additional comprehensive dental services are covered if not covered under Medi-Cal Dental. See below under “Additional Services” and the <i>Member Handbook</i> for more information. Prior authorization rules may apply. For a full list of services covered by Medi-Cal Dental, call 1(800) 322-6384 (TTY 1(800) 735-2922) or visit smilecalifornia.org . These resources can also help you locate a Medi-Cal Dental provider and file a grievance or complaint.
	Restorative and emergency dental care	\$0	Covered under Medi-Cal Dental. Additional restorative dental services are covered if not covered under Medi-Cal Dental. See below



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			under “Additional Services” and the <i>Member Handbook</i> for more information. Prior authorization rules may apply. For a full list of services covered by Medi-Cal Dental, call 1(800) 322-6384 (TTY 1(800) 735-2922) or visit smilecalifornia.org . These resources can also help you locate a Medi-Cal Dental provider and file a grievance or complaint.
	Comprehensive & Restorative Dental Includes: Limited oral evaluation, Diagnostic x-rays, periodontic services, endodontic services, prosthodontics, oral and maxillofacial surgery and other general dental services. What we do not cover is available through Medi-Cal Dental.	\$0	Prior authorization rules may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	Medically Necessary: Exam to diagnose and treat disease and conditions of the eye (including yearly glaucoma screening). Supplemental Benefit: Routine eye exam (up to one (1) every year).
	Glasses or contact lenses	\$0	Medically Necessary: One (1) pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery. Supplemental benefit: Up to \$300 for one (1) pair of eyeglasses (lenses or frames) every year. OR Up to \$300 for contact lenses every year.
You need mental health services (continued on the next page)	Mental health services	\$0	Outpatient mental or behavioral health services include, but are not limited to the following: • Individual and group mental health evaluation and treatment



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued from previous page)			• Intensive Outpatient Program (IOP) services • Partial Hospitalization Program (PHP) services • Psychological testing to evaluate mental health condition • Electroconvulsive Therapy (ECT) • Transcranial Magnetic Stimulation (TMS) • Inpatient Mental Health For questions about behavioral health call the SFHP Care Plus Customer Service at the number at the bottom of this page. Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services are provided by San Francisco Specialty Mental Health Services (SMHS). SMHS can be contacted at 1(888) 246-3333, 24 hours a day, 7 days a week.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued from previous page)	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	For questions about behavioral health call SFHP Care Plus Customer Service at the number at the bottom of this page. Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services are provided by San Francisco Specialty Mental Health Services (SMHS). SMHS can be contacted at 1(888) 246-3333, 24 hours a day, 7 days a week.
You need substance use disorder services (continued on the next page)	Substance use disorder services	\$0	Substance abuse services include: • Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT) • Opioid Treatment Program (OTP) services For questions about behavioral health call SFHP Care Plus Customer Service at the number at the bottom of this page. Medi-Cal specialty mental health services are available to you through



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services (continued from previous page)			the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services are provided by San Francisco Specialty Mental Health Services (SMHS). SMHS can be contacted at 1(888) 246-3333, 24 hours a day, 7 days a week.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization rules apply. You can receive up to 100 days of skilled nursing care. If you still need skilled nursing care after 100 days, SFHP Care Plus may continue to cover it. Your 100-day benefit starts over if you go 60 days in a row without getting skilled nursing care. Contact Plan for more details.
	Nursing home care	\$0	Prior authorization rules may apply. Contact Plan for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered in outpatient settings, while you are in the hospital and skilled nursing facility.
You need help getting to health services	Ambulance services	\$0	Prior authorization is not required for in-network and out-of-network emergency ambulance services. For non-emergency ambulance services, Prior authorization rules may apply.
	Emergency transportation	\$0	Prior authorization is not required for in-network and out-of-network emergency transportation services.
	Transportation to medical appointments and services	\$0	Depending on your situation, you may qualify for either non-emergency medical transportation. These transportation services are not for emergencies and are available at no cost to you. Prior authorization rules may apply. Contact plan for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0	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. Prior authorization rules may apply. Contact the Plan for details.
	Medicare Part D drugs	Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to SFHP Care Plus's <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage, and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.
	Tier 1: Preferred Generic drugs (includes preferred generic drugs)	\$0 for a 30-day supply	Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Drug List)</i>. Our plan covers most adult Part D vaccines at no cost to you.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			Extended-day supplies are available at network retail and home delivery pharmacy locations. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply. You may get your drugs at network retail and home delivery pharmacies.
	Tier 2: Generic (includes generic drugs)	25% for 30-day supply Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. Members will pay lesser of 25% or Extra Help copay.	There may be limitations on the types of drugs covered. Please refer to SFHP Care Plus's <i>List of Covered Drugs (Drug List)</i> for more information. Extended-day supplies are available at network retail and home delivery pharmacy locations. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and home delivery pharmacies.
	Tier 3: Preferred Brand (includes preferred brand name and some generic drugs)	25% for a 30-day supply Copays for drugs may vary based on the level of Extra Help	There may be limitations on the types of drugs covered. Please refer to SFHP Care Plus's <i>List of Covered Drugs (Drug List)</i> for more information.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)		you get. Please contact the plan for more details. Member will pay lesser of 25% or Extra Help copay.	Extended-day supplies are available at network retail and home delivery pharmacy locations. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and home delivery pharmacies. Tier 3 drugs include preferred brand name and some generic drugs. The cost share is 25%.
	Tier 4: Non-Preferred Drug (includes non-preferred brand name and some generic drugs)	25% for a 30-day supply Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. Member will pay lesser of 25% or Extra Help copay.	There may be limitations on the types of drugs covered. Please refer to SFHP Care Plus's <i>List of Covered Drugs (Drug List)</i> for more information. Extended-day supplies are available at network retail and home delivery pharmacy locations. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and home delivery pharmacies.
	Tier 5: Specialty (includes very high-cost brand name and generic	25% for a 30-day supply	There may be limitations on the types of drugs covered. Please refer to SFHP



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	drugs which may require special handling and/or close monitoring)	Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. Member will pay lesser of 25% or Extra Help copay.	Care Plus's <i>List of Covered Drugs (Drug List)</i> for more information.
	Tier 6: Select Care Drugs (includes preferred generic drugs used to manage common chronic conditions)	\$0 for a 30-day supply	There may be limitations on the types of drugs covered. Please refer to SFHP Care Plus's <i>List of Covered Drugs (Drug List)</i> for more information. Extended-day supplies are available at network retail and home delivery pharmacy locations. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and home delivery pharmacies.
	Over-the-counter (OTC) drugs	\$0	Supplemental Benefit: You have a quarterly allowance of \$150 for OTC drugs and supplies. Items without a prescription such



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			as aspirin, vitamins, cold and cough preparations, and bandages are covered under this benefit. Any remaining balance does not carry over to the next quarter. Items such as cosmetics and food supplements are not covered under this benefit. There may be limitations on the types of drugs covered. Please refer to SFHP Care Plus's <i>List of Covered Drugs (Drug List)</i> for more information.
You need help getting better or have special health needs (continued on the next page)	Rehabilitation services	\$0	Covered services include physical therapy, occupational therapy, and speech language therapy. Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs).



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued from previous page)	Medical equipment for home care	\$0	Prior authorization rules may apply. Contact Plan for details.
	Dialysis services	\$0	Prior authorization is not required for dialysis services received in network. Prior authorization is required for out of network dialysis services.
You need foot care	Podiatry services	\$0	Prior authorization rules may apply. Contact Plan for details.
	Orthotic services	\$0	Prior authorization rules may apply. Contact Plan for details.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the Member Handbook.	Wheelchairs, crutches, and walkers	\$0	Prior authorization rules may apply. Contact Plan for details.
	Nebulizers	\$0	Prior authorization rules may apply. Contact Plan for details.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply. Contact Plan for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued on the next page)	Home health services	\$0	Prior authorization rules may apply. Contact Plan for details.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	For information contact the San Francisco County Human Services Agency In-Home Support Services (IHSS), 1(415) 355-6700 (TTY 1(833) 342-5388). If you need help or would like to find out which Community Supports may be available to you call SFHP Care Plus Customer Service at the number at the bottom of this page or call your health care provider.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	If you need adult day health or CBAS services, contact our SFHP Care Plus Care Managers using the phone numbers on your ID card. They will work with you to connect you with what you need.
	Day habilitation services	\$0	If you need help or would like to find out which Community Supports may be available for you call SFHP Customer Service at the number at the bottom of this page or call your health care provider.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Services to help you live on your own (home health care services or personal care attendant services)	\$0	For information contact the San Francisco County Human Services Agency In-Home Support Services (IHSS), 1(415) 355-6700 (TTY 1(833) 342-5388).
Additional services (continued on the next page)	Acupuncture	\$0	Per visit for up to 24 visits per year.
	Chiropractic services	\$0	Per visit up to 12 visits per year Covered services include: • Initial and subsequent examinations • Office visits and chiropractic adjustments • Adjunctive therapies • X-rays (chiropractic only) For more information, or to locate a participating provider call SFHP Care Plus Customer Service or go to sfhp.org/care-plus to find a participating provider.
	Diabetes supplies and services	\$0	Prior authorization rules may apply. Contact Plan for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	- The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. - If you are diagnosed by your PCP with any of the following chronic condition(s) listed below and meet certain criteria, you may be eligible for additional benefits: - Chronic alcohol use disorder and other substance use disorders (SUDs) - Autoimmune disorders - Cancer - Cardiovascular disorders - Chronic heart failure - Dementia - Diabetes mellitus - Overweight, obesity, and metabolic syndrome - Chronic gastrointestinal disease	\$0	\$20 flex card allowance or spending limit per month to purchase healthy food and produce and \$20 flex card allowance or spending limit per month to pay rent and utility bills Any remaining balances do not carry over to the next quarter. Prior authorization and confirmation by your PCP are required before these benefits may be used. Non-emergency Medical Transportation: You may be eligible for non-emergency medical transportation if you have medical needs that don't allow you to use a car, bus, or taxi to your appointment. Non-emergency medical transportation can be provided by ambulance, litter van, wheelchair van, or air transport for your medical needs when you need a ride to your appointment. If you need non-emergency medical transportation, you can talk to your PCP and ask for it.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	- o Chronic kidney disease (CKD) - o Severe hematologic disorders - o HIV/AIDS - o Chronic lung disorders - o Chronic and disabling mental health conditions - o Neurologic disorders - o Stroke - o Post-organ transplantation - o Immunodeficiency and Immunosuppressive disorders - o Conditions associated with cognitive impairment - o Conditions with functional challenges - o Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell		Your PCP will decide the best type of transportation to meet your needs. Prior scheduling rules may apply. To schedule non-emergency medical transportation services that have been authorized, call SFHP Care Plus Customer Service at the number listed at the bottom of this page. Non-Medical Transportation: Limited to 24 one-way trips per year for non-medical to plan approved locations, such as recreation centers and grocery stores. Modes of transportation include: • Rideshare services • Taxi • Wheelchair Van For additional details, contact SFHP Care Plus Customer Service at the number at the bottom of this page.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	Conditions that require continued therapy services in order for individuals to maintain or retain functioning		
	Prosthetic services	\$0	Prior authorization rules may apply. Contact Plan for details.
	Radiation therapy	\$0	Prior authorization rules may apply. Contact Plan for details.
	Services to help manage your disease	\$0	Prior authorization rules may apply. Contact Plan for details.
	California Integrated Care Management (CICM)	\$0	SFHP Care Plus care coordination emphasizes: - Collaboration between health plans and Community-Based Organizations (CBOs). - Assigning Care Managers from both the health plan and CBO to work together. - Delivering holistic, community-rooted care that addresses both medical and social needs.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			CICM is available for: • People experiencing homelessness • Those with serious mental illness or substance use disorders • Individuals transitioning from incarceration or nursing homes • Pregnant or postpartum individuals at risk for disparities • People with dementia or at risk for long-term care placement SFHP Care Plus members that meet the criteria for CICM will be referred to a CICM provider for appropriate services that will be coordinated through their SFHP Care Plus Care Manager.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the SFHP Care Plus *Member Handbook*. If you don't have a *Member Handbook*, call SFHP Care Plus Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit sfhp.org/care-plus.



If you have questions, please call SFHP Care Plus 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. The call is free. **For more information**, visit sfhp.org/care-plus.

D. Benefits covered outside of SFHP Care Plus

There are some services that you can get that aren't covered by SFHP Care Plus but are covered by Medicare, Medi-Cal, or a State or county agency. This isn't a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Assisted Living Waiver (ALW) The Assisted Living Waiver (ALW) is a Home and Community-Based Service (HCBS) waiver created for beneficiaries eligible for full scope Medi-Cal, with no share of cost, who require nursing facility level of care and wish to live in a residential care setting or in a publicly funded senior and/or disabled housing. To be eligible to receive services, ALW participants must meet the following eligibility criteria: • Age 21 or older; • Have full-scope Medi-Cal eligibility with zero share of cost; • Have care needs equal to those of Medi-Cal funded residents living and receiving care in nursing facilities; • Willing to live in an assisted living setting as an alternative to a nursing facility; • Able to reside safely in an assisted living facility or public subsidized housing; • Willing to live in an assisted living setting located in one of the following counties providing ALW services: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties.	\$0 ALW participants must have sufficient funds to pay for their room and board, with some funds remaining to meet personal and incidental needs. In determining eligibility, institutional and spousal impoverished prevention rules are applied.



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Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
California Community Transitions (CCT)	\$0 You can get transition coordination services from any CCT Lead Organization that serves the county you live in. You can find a list of CCT Lead Organizations and the counties they serve on the Department of Health Care Services website at: https://www.dhcs.ca.gov/services/ltc/Documents/CCT-LO-Website-List.pdf
Certain dental services • Dental Managed Care (DMC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation. • For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org or sonriecalifornia.org.	\$0
Certain hospice care services covered outside of SFHP Care Plus	\$0 Refer to <i>Member Handbook</i>, Chapter 4, for more information about what we pay while you are getting hospice care services.



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Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Multipurpose Senior Services Program (MSSP)	\$0 For more information contact the San Francisco Department of Aging & Adult Services Area Agency on Aging at 1(415) 355-3502 or visit aging.ca.gov
In-Home Supportive Services (IHSS) The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. To be eligible, you must be 65 year of age and over, or disabled, or blind. Disabled children are also potentially eligible for IHSS. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.	\$0
Psychosocial rehabilitation	\$0
Regional Center Services	For cost information contact the Golden Gate Regional Center at 1(415) 546-9222.
Targeted case management	\$0
Specialty mental health and substance use disorder services	For cost information contact San Francisco Specialty Mental Health Services (SMHS). SMHS can be contacted at 1(888) 246-3333, 24 hours a day, 7 days a week.
Rest home room and board	\$0



If you have questions, please call SFHP Care Plus 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. The call is free. **For more information**, visit sfhp.org/care-plus.

E. Services that SFHP Care Plus, Medicare, and Medi-Cal don't cover

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

Services SFHP Care Plus, Medicare, and Medi-Cal don't cover	
A private room in a hospital, except when medical necessary.	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	
Drugs received outside the United States and its territories.	
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.	
Experimental medical and surgical treatments, items and drugs unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to Chapter 3 of your <i>Member Handbook</i> for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.	
Fees charged by your immediate relatives or members of your household.	



If you have questions, please call SFHP Care Plus 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. The call is free. **For more information**, visit sfhp.org/care-plus.

Services SFHP Care Plus, Medicare, and Medi-Cal don't cover	
Full-time nursing care in your home.	
Naturopath services (the use of natural or alternative treatments).	
Orthopedic shoes, unless shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.	
Paramedic Services	Paramedic Services are emergency medical treatments given at the scene by a paramedic. Call your city hall for information on coverage.
Personal items in your room at a hospital or a nursing facility, such as a telephone or television.	
Prescription and non-prescription drugs not covered by law	By law, the types of drugs listed below are not covered by SFHP Care Plus, Medicare, or Medi-Cal: • Drugs used to promote fertility • Drugs used for the relieve of cough or cold symptoms • Drugs used for cosmetic purposes or to promote hair growth • Prescription vitamins and mineral products, except for prenatal vitamins and fluoride preparations • Drugs used for the treatment of sexual or erectile dysfunction • Drugs used for the treatment of anorexia, weight loss of weight gain • Outpatient drugs made by a company that says you must have tests or services done only by them



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Services SFHP Care Plus, Medicare, and Medi-Cal don't cover	
Private duty nurses	
Reversal of sterilization procedures and non-prescription contraceptive supplies	
Routine foot care, except as described in Podiatry services in the Benefits Chart in Chapter 4, Section D of the <i>Member Handbook</i> .	
Services provided to veterans in the Veterans Affairs (VA) facilities. If a Veteran receives emergency services at a VA hospital and the VA's cost sharing is higher than what the plan requires, we will reimburse the Veteran for the difference.	
Surgical treatment for morbid obesity, except when medically necessary, and Medicare pays for it.	
Other services considered not reasonable and medically necessary.	



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F. Your rights as a member of the plan

As a member of SFHP Care Plus 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'll 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 aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - o Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - o Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - o Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - o Description of the services we cover
 - o How to get services
 - o How much services will cost you
 - o Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - o Choose a primary care provider (PCP) and change your PCP at any time during the year
 - o Use a women's health care provider without a referral
 - o Get your covered services and drugs quickly
 - o Know about all treatment options, no matter what they cost or whether they're covered
 - o Refuse treatment, even if your health care provider advises against it



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- o Stop taking medicine, even if your health care provider advises against it
- o Ask for a second opinion. SFHP Care Plus will pay for the cost of your second opinion visit.
- o Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.**
This includes the right to:
 - o Get timely medical care
 - o 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.
 - o Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - o Get emergency services without prior authorization in an emergency
 - o 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:
 - o 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
 - o Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.**
This includes the right to:
 - o File a complaint or grievance against us or our providers
 - o Appeal certain decisions made by us or our providers
 - o File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website



If you have questions, please call SFHP Care Plus 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. The call is free. **For more information**, visit sfhp.org/care-plus.

(www.dmh.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.

- o Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
- o Ask for a State Hearing
- o Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call SFHP Care Plus Customer Service at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00am and 5:00pm, or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00am and 5:00pm.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think SFHP Care Plus improperly denied, delayed, or modified a service, call Customer Service at the numbers listed at the bottom of this page. You may also submit a complaint in writing to SFHP Care Plus, Attn: Grievance Coordinator, P.O. Box 194247, San Francisco, CA 94119-4247. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call SFHP Care Plus Customer Service at the numbers listed at the bottom of this page.

There are six (6) ways to file a grievance, appeal, or complaint.

1. Online by visiting sfhp.org/care-plus
2. Call SFHP Care Plus Customer Service toll-free 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.
3. You may also file a grievance in person. Our Service Center address is 550 Kearny Street, Lower Level, San Francisco, CA 94108. Hours of operation are Tuesday and Thursday 8:30am–5:00pm, Wednesday 8:30am–4:00pm (closed at 3:00pm every 3rd Wednesday of the month).



If you have questions, please call SFHP Care Plus 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. The call is free. **For more information**, visit sfhp.org/care-plus.

4. In writing to SFHP Care Plus, Attn: Grievance Coordinator, P.O. Box 194247, San Francisco, CA 94119-4247.
5. You may also file a grievance directly through your doctor's office. Grievances and appeals filed by the provider or other third party on your behalf need your consent. If they are filing a grievance or an appeal on your behalf, please have the provider or third-party call SFHP Care Plus Customer Service toll-free 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.
6. For complaints, grievances and appeals, you may also use the Department of Managed Health Care's Independent Medical Review (IMR) and Complaint process by:

Phone: 1-888-466-2219

TTY: 1-877-688-9891

Online: www.dmhc.ca.gov

The DMHC website has complaint forms, IMR application forms, and instructions online.

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 SFHP Care Plus Customer Service. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.



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Medicare + Medi-Cal, Made Easy for You

sfhp.org/care-plus

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

1(833) 530-7327

Calls to this number are free. We are open 8:00am–8:00pm, seven days a week from October through March, closed on Saturdays and Sundays from April through September.

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

711 (TTY)

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. We are open 8:00am–8:00pm, seven days a week from October through March, closed on Saturdays and Sundays from April through September.

If you need immediate behavioral health care, please call the San Francisco County Crisis Line:

1(415) 781-0500 or 1(415) 227-0245 (TTY)

Available 24 hours a day, 7 days a week.

You can also send a text message to **1(415) 200-2920**.

SFHP Care Plus also has free language interpreter services available for non-English speakers.

National Suicide Prevention Lifeline: **988**

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