Community Health Plan of Imperial Valley - Community Advantage 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 Community Advantage Plus. 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 Community Advantage Plus. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a summary of health services covered by Community Advantage Plus for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Call Member Services at 1-888-484-1412. TTY users should call 1-888-671-3263. We are available 24 hours a day, 7 days a week. The call is free. The Member Handbook can also be found on our website at www.chpiv.org.

- Community Advantage Plus is the Medicare brand for Community Health Plan of Imperial Valley, a HMO plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans 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 Member Services number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.
- 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 8:00 a.m. and 5:00 p.m. 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 9:00 a.m. and 5:00 p.m.

ATTENTION: If you need help in your language, call 1-888-484-1412 (TTY: 1-888-671-3263). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-484-1412 (TTY: 1-888-671-3263). These services are free of charge.

العربية (Arabic)
انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على 1-888-244-4430 (TTY: 1-888-671-3263). كما تتوفر مساعدات وخدمات للأشخاص ذوي الإعاقة، مثل مستندات بطريقة برايل وبالخط الكبير. اتصل على 1-888-244-4430 (TTY: 1-888-671-3263). هذه الخدمات مجانية.

繁體中文 (Traditional Chinese)
請注意：如果您需要以您的語言提供幫助，請致電 1-888-244-4430 (TTY: 1-888-671-3263)。我們也提供給殘障人士的協助和服務，例如點字和大字體文件。請致電 1-888-244-4430 (TTY: 1-888-671-3263)。這些服務免費提供。

Español (Spanish)
ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-888-244-4430 (TTY: 1-888-671-3263). También hay ayudas y servicios para personas con discapacidades, como documentos en braille y en letra grande. Llame al 1-888-244-4430 (TTY: 1-888-671-3263). Estos servicios son gratuitos.

فارسی (Farsi)
توجه: اگر به کمک به زبان خود نیاز دارید، با 1-888-671-3263 (TTY: 1-888-671-3263) تماس بگیرید. کمک‌ها و خدماتی برای افراد دارای معلولیت، مانند اسناد بریل و چاپ درشت نیز در دسترس است. با 1-888-671-3263 (TTY: 1-888-244-4430) تماس بگیرید. این خدمات رایگان هستند.

한국어 (Korean)
주의: 귀하의 언어로 도움이 필요하신 경우 1-888-244-4430 (TTY: 1-888-671-3263)번으로 전화하십시오. 점자 및 큰 활자 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 1-888-244-4430 (TTY: 1-888-671-3263)번으로 전화하십시오. 이 서비스는 무료입니다.

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем языке, звоните по номеру 1-888-244-4430 (TTY: 1-888-671-3263). Также предоставляются вспомогательные средства и услуги для людей с ограниченными возможностями, например, документы шрифтом Брайля и крупным шрифтом. Звоните по номеру 1-888-244-4430 (TTY: 1-888-671-3263). Эти услуги предоставляются бесплатно.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-244-4430 (TTY: 1-888-671-3263). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ cho người khuyết tật, như tài liệu chữ nổi Braille và bản in chữ lớn. Vui lòng gọi số 1-888-244-4430 (TTY: 1-888-671-3263). Các dịch vụ này đều miễn phí.

Tagalog (Filipino)
PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-244-4430 (TTY: 1-888-671-3263). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumentong nakasulat sa braille at malalaking titik. Tumawag sa 1-888-244-4430 (TTY: 1-888-671-3263). Libre ang mga serbisyong ito.

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-244-4430 (TTY: 1-888-671-3263): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-244-4430 (TTY: 1-888-671-3263): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ 1-888-244-4430 (TTY: 1-888-671-3263)។ មានជំនួយ និងសេវាសម្រាប់ជនពិការផងដែរ ដូចជាឯកសារជាអក្សរប្រាយ និងអក្សរធំៗ។ សូមទូរស័ព្ទទៅ 1-888-244-4430 (TTY: 1-888-671-3263)។ សេវាទាំងនេះមានឱ្យដោយឥតគិតថ្លៃ។

हिन्दी (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-244-4430 (TTY: 1-888-671-3263) पर कॉल करें। अशक्तता वाले लोगों के लिए ब्रेल और बड़े अक्षरों में दस्तावेज़ जैसी सेवाएं भी उपलब्ध हैं। कृपया 1-888-244-4430 (TTY: 1-888-671-3263) पर कॉल करें। ये सेवाएं नि:शुल्क हैं।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus, hu rau 1-888-244-4430 (TTY: 1-888-671-3263). Muaj cov kev pab thiab kev pab

cuam rau cov neeg xiam oob khab, xws li ntawv luam ua ntawv loj thiab ntawv Braille. Hu rau 1-888-244-4430 (TTY: 1-888-671-3263). Cov kev pab cuam no yog dawb.

日本語 (Japanese)

注意: 日本語での支援が必要な場合は、1-888-244-4430 (TTY: 1-888-671-3263) にお電話ください。点字や大きな文字で書かれた書類など、障害をお持ちの方のための支援やサービスも提供しています。1-888-244-4430 (TTY: 1-888-671-3263) にお電話ください。これらのサービスは無料です。

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-888-244-4430 (TTY: 1-888-671-3263).
ຍັງມີການຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຜູ້ພິການ, ເຊັ່ນເອກະສານທີ່ພິມໂດຍໃສ່ກັບອັກສອນເບຣລ ແລະພິມໂຕໃຫຍ່. ໂທ 1-888-244-4430 (TTY: 1-888-671-3263).
ການບໍລິການເຫຼົ່ານ້ີໃຫ້ຟຣີ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-244-4430 (TTY:

1-888-671-3263). 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 1-888-244-4430 (TTY: 1-888-671-3263). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-888-244-4430 (TTY: 1-888-671-3263) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਸੀਂ ਉਪਲਬਧ ਕਰਵਾਉਂਦੇ ਹਾਂ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਜੋ ਕਿ ਅਪਾਹਜ ਵਿਅਕਤੀਆਂ ਲਈ ਹਨ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਾਲੇ ਦਸਤਾਵੇਜ਼। ਕਿਰਪਾ ਕਰਕੇ 1-888-244-4430 (TTY: 1-888-671-3263) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทร 1-888-244-4430 (TTY: 1-888-671-3263). มีบริการช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์และตัวพิมพ์ขนาดใหญ่ กรุณาโทร 1-888-244-4430 (TTY: 1-888-671-3263). บริการเหล่านี้ฟรี

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою мовою, зателефонуйте за

номером 1-888-244-4430 (TTY: 1-888-671-3263). Також надаються допоміжні засоби та послуги для людей з інвалідністю, наприклад документи шрифтом Брайля або великим шрифтом. Зателефонуйте за номером 1-888-244-4430 (TTY: 1-888-671-3263). Ці послуги є безкоштовними.

- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services Department at 1-888-484-14212. TTY users should call 1-888-671-3262. We are open to assist you 24 hours a day, 7 days a week. The call is free.
- This document is available for free in English and Spanish.
- You can make a standing request to get any documents in a language other than English or in an alternate format, such as Braille, CD, audio or large print; this information will be kept in your file for future mailings and communications so that you do not need to make separate request each time. To make a standing request or if you decide to update your preferred language and/or format please call the Member Services Department at 1-888-484-1412. TTY users should call 1-888-671-3263. We are open to assist you 24 hours a day, 7 days a week. The call is free.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-888-484-1412. Someone that speaks your language can help you. This is a free service.

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 coordinators 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 Community Advantage Plus that I get now? (continued on the next page)	You'll get most of your covered Medicare and Medi-Cal benefits directly from Community Advantage 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 Community Advantage Plus, you and your care team will work together to develop an Individualized Plan to address your health and support needs, reflecting your personal preferences and goals.
Will I get the same Medicare and Medi-Cal benefits in Community Advantage Plus that I get now? (continued from previous page)	If you're taking any Medicare Part D drugs that Community Care Advantage 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 Community Care Advantage to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

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 Community Advantage 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 Community Advantage 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 Community Advantage Plus's plan.
Can I use the same doctors I use now? (continued from previous page)	● If you're currently under treatment with a provider that's out of Community Advantage Plus's network, or have an established relationship with a provider that's out of Community Advantage Plus's network, call Member Services to check about staying connected and ask for continuity of care. You can continue using the doctors you use now for 12 months after you enroll in Community Advantage Plus. To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Community Advantage Plus's Provider and Pharmacy Directory on the plan's website at www.chpiv.org. If Community Advantage Plus is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.

Frequently Asked Questions	Answers
What's a Community Advantage Plus care coordinator?	A Community Advantage Plus care coordinator 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 coordinator 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 and resources. 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 Community Advantage 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, Community Advantage Plus will pay for the cost of an out-of-network provider.
Where's Community Advantage Plus available?	The service area for this plan includes: Imperial County, California. You must live in this area to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Community Advantage Plus to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Community Advantage 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**. Community Advantage Plus can provide you or your provider with a list of services or procedures that require you to get prior authorization from Community Advantage Plus before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Community Advantage Plus may not cover the services. Community Advantage Plus can provide you with a list of services that require you to get a referral from your PCP before the service is provided.
What's a referral?	Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Community Advantage 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 Community Advantage Plus?	No. You don't pay deductibles in Community Advantage Plus.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Community Advantage Plus?	There's no cost sharing for medical services in Community Advantage Plus, so your annual out-of-pocket costs will be $0.

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	Authorization rules may apply.
	Doctor or surgeon care	$0	Authorization rules may apply.
	Outpatient hospital services, including observation	$0	Authorization rules may apply. Please visit your PCP for a referral.
	Ambulatory surgical center (ASC) services	$0	Authorization rules may apply.
You want a doctor	Visits to treat an injury or illness	$0	Authorization rules may apply.
	Specialist care	$0	Authorization rules may apply.
	Wellness visits, such as a physical	$0	Authorization rules may apply.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Authorization rules may apply.
	“Welcome to Medicare” (preventive visit one time only)	$0	Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	You may get emergency room services Out of Network and without prior authorization.
	Urgent care	$0	You may get urgent care services Out of Network and without prior authorization.
	Worldwide emergency care	$0	You are covered up to maximum of $50,000 for emergency and urgent care received outside of the United States. Limitations may apply.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Authorization rules may apply. Please visit your PCP for a referral.
	Lab tests and diagnostic procedures, such as blood work	$0	Authorization rules may apply. Please visit your PCP for a referral.
You need hearing/auditory services	Hearing screenings	$0	Authorization rules may apply. Limited to one routine hearing exam per year.
	Hearing aids	$0	Authorization rules may apply. Limited to one routine fitting/evaluation and a maximum of $1,510 for hearing aid benefits per year.

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	Dental check-ups and preventive care	$0	Medi-Cal covers dental check-ups and preventive care. Services that are covered under the Medi-Cal Dental Program are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by the Medi-Cal Dental Program. Authorization rules may apply. For more information regarding the Medi-Cal Dental Program visit https://dental.dhcs.ca.gov/
	Restorative and emergency dental care	$0	Medi-Cal covers dental restorative and emergency dental care under the Medi-Cal Dental Program. For more information regarding the Medi-Cal Dental Program visit https://dental.dhcs.ca.gov
	Comprehensive dental care	$0	$2,000 maximum per calendar year for restorative and prosthodontic services not covered under the Medi-Cal Dental Program.

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	Authorization rules may apply. Limited to one routine eye exam every two years.
	Glasses or contact lenses	$0	One pair of lenses and frames or contact lenses, not to exceed $250 every two years.
	Other vision care	$0	Authorization rules may apply.
You need mental health services (continued on the next page)	Mental health services	$0	Your plan coverage includes: ● Individual and group mental health treatment (psychotherapy) ● Psychological testing to evaluate a mental health condition
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Your plan coverage includes: ● Individual and group mental health treatment (psychotherapy) ● Psychological testing to evaluate a mental health condition ● Outpatient services that include lab work, drugs, and supplies ● Outpatient services to monitor drug therapy ● Psychiatric consultation ● Inpatient Psychiatric Treatment ● Day Treatment

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)			• Partial Hospitalization Program • Intensive Outpatient Program You are also eligible to receive services through the County Specialty Mental Health Plan by calling 1-800-817-5292.
You need substance use disorder services	Substance use disorder services	$0	Your plan coverage includes: • Alcohol and drug screening, assessment, brief interventions and referral to treatment (SABIRT), • Medication Assisted Treatment (MAT) in a Medical Facility, and • Opiate Treatment. Medicare Medi-Cal recipients are also eligible to receive services from the County Drug Organized Medi-Cal Delivery system (DMCS-ODS) for Substance Use Disorder Services. For more information, please call 1-800-817-5292.
You need a place to live with people available to help you	Skilled nursing care	$0	Authorization rules may apply. Please visit your PCP for a referral.
	Nursing home care	$0	Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Adult Foster Care and Group Adult Foster Care	$0	Authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Authorization rules may apply. Please visit your PCP for a referral.
You need help getting to health services	Ambulance services	$0	Authorization rules may apply.
	Emergency transportation	$0	Authorization is not required
	Transportation to medical appointments and services	$0	Authorization rules may apply
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 *Member Handbook* for more information on these drugs.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part D drugs*:* Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand	For a 31-day supply: • $0 for Tier 1 Preferred Generic • $0 to $5.10 copay for Tier 2 Generic	There may be limitations on the types of drugs covered. Please refer to Community Advantage Plus's *List of Covered Drugs* (*Drug List*) 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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Tier 4: Non-Preferred Brand Tier 5: Specialty Tier 6: Select Care Drugs	• $0 to $12.65 copay for Tier 3 Preferred Brand • $0 to $12.65 copay for Tier 4 Non-Preferred Brand • $0 to $12.65 copay for Tier 5 Specialty • $0 for Tier 6 Select Care Drugs Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	the *Member Handbook* for more information on this stage. For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 93-day supply. It costs you the same as a one-month supply and you can obtain these at a retail pharmacy or via mail order pharmacy.
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs	$0	You get a maximum of $55 every month on a debit card to use for over-the-counter drugs and/or fitness expenses. There may be limitations on the types of drugs covered. Please refer to Community Advantage

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Plus's List of OTC Covered Drugs (OTC Drug List) for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Authorization rules may apply.
	Medical equipment for home care	$0	Authorization rules may apply.
	Dialysis services	$0	Authorization rules may apply.
You need foot care	Podiatry services	$0	Authorization rules may apply.
	Orthotic services	$0	Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Member Handbook*.**	Wheelchairs, crutches, and walkers	$0	Authorization rules may apply.
	Nebulizers	$0	Authorization rules may apply.
	Oxygen equipment and supplies	$0	Authorization rules may apply.
You need help living at home (continued on the next page)	Home health services	$0	Authorization rules may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	$800 maximum benefit per calendar year for home modifications and bathroom safety devices. For In Home Supportive Services (IHSS) call 1-800-510-2020 Community Support Services. Authorization rules may apply.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	Authorization rules may apply. Please visit your PCP for a referral.
	Day habilitation services	$0	Authorization rules may apply.

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)	Services to help you live on your own (home health care services or personal care attendant services)	$0	For In-Home Supportive Services (IHSS) call 1-800-510-2020, Community Support Services. Authorization rules may apply.
Additional services (continued on the next page)	Chiropractic services	$0	Authorization rules and visit limits may apply. If you need treatment for back pain, services include: • Chiropractic manipulation of the spine, • Therapeutic exercise, and • Electrical muscle stimulation (EMS).
	Diabetes supplies and services	$0	Authorization rules may apply.
	Prosthetic services	$0	Authorization rules may apply.
	Radiation therapy	$0	Authorization rules may apply.
	Services to help manage your disease	$0	Authorization rules may apply.
	Fitness	$0	You get a maximum of $55 every month on a debit card to use for over-the-counter drugs and/or fitness expenses. Fitness expenses include activity tracker, physical fitness and memory fitness activities, including gym membership. Limitations on the type of

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)			fitness expenses may apply. Please contact Member Services at the number at the bottom of this page for more information.
	Healthy Food	$0	If you have one or more of the following chronic conditions and meet certain criteria, you may be eligible for an additional $55 a month on a debit card for healthy food purchases: • Chronic alcohol use disorder and other substance use disorders (SUDs) • Autoimmune disorders • Cancer; Cardiovascular disorders • Chronic heart failure • Dementia • Diabetes mellitus • Severe hematologic disorders • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke • Chronic Kidney Disease • Chronic Gastrointestinal Disease

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Participation in a care management program and physician approval may be required.
	California Integrated Care Management (CICM)	$0	Upon enrollment into the Plan you will automatically be enrolled in the California Integrated Care Management program and assigned a Case 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 Community Advantage Plus *Member Handbook*. If you don't have a *Member Handbook*, call Community Advantage Plus Member at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.chpiv.org

D. Benefits covered outside of Community Advantage Plus

There are some services that you can get that aren't covered by Community Advantage Plus but are covered by Medicare, Medi-Cal, or a State or county agency. This isn't a complete list. Call Member 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
For In-Home Supportive Services (IHSS), contact 1-800-510-2020 or 760-337-6800 or visit the website at: https://www.imperialcountysocialservices.org/aging-and-disability-services	Cost will be determined by the agency providing the services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
For Specialty Mental Health services, contact the County Specialty Mental Health Plan at 1-800-817-5292 or visit the website at https://bhs.imperialcounty.org/adult-mhsa-fsp-programs/. For Substance Use Disorder services, contact the County Drug Organized Medi-Cal Delivery system (DMCS-ODS) at 800-817-5292 or visit the website at https://bhs.imperialcounty.org/adult-substance-use-disorder-treatment-program/ For waiver programs, contact the Assisted Living Waiver (ALW) program or the Multipurpose Senior Services Program (MSSP) at 760-352-6181 or visit the website at https://www.icwtc.org/mssp-services.html The San Diego Regional Center provides assessments to establish eligibility for services and develops Individual Program Plans (IPP) or Individual Family Service Plans (IFSP) for eligible individuals. Service coordinators secure necessary services through community agencies, referrals, or purchases. Available services include day programs, behavioral training and respite care. For services please call 760-355-8383 or visit the website at www.sdrc.org.	
Certain dental services Dental Managed Care (DMC) member contact information can be found at	$0

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
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.	
Certain hospice care services covered outside of Community Advantage Plus	$0
Psychosocial rehabilitation	$0
Targeted case management	Cost will be determined by the agency providing the services
Rest home room and board	Cost will be determined by the agency providing the services

E. Services that Community Advantage Plus, Medicare, and Medi-Cal don't cover

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

Services Community Advantage Plus, Medicare, and Medi-Cal don't cover	
Services considered not "reasonable and medically necessary," according to Medicare and Medi-Cal standards unless we list these as covered services.	Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them.
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.	A private room in a hospital, except when medically necessary.
Private duty nurses.	Personal items in your room at a hospital or a nursing facility, such as a telephone or television.
Full-time nursing care in your home.	Fees charged by your immediate relatives or members of your household.
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.	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.
Chiropractic care, other than manual manipulation of the spine consistent with coverage guidelines, and except as described under Chiropractic services in the Benefits Chart in Section D.	Routine foot care, except as described in Podiatry services in the Benefits Chart in Section D.
Orthopedic shoes, unless the 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.	Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
Radial keratotomy, LASIK surgery, and other low-vision procedures.	Reversal of sterilization procedures and non-prescription contraceptive supplies.

Services Community Advantage Plus, Medicare, and Medi-Cal don't cover	
Naturopath services (the use of natural or alternative treatments).	Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference. You are still responsible for your cost-sharing amounts.

F. Your rights as a member of the plan

As a member of Community Advantage 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:
  - 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
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - 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:
  - Description of the services we cover
  - How to get services

- How much services will cost you
- Names of health care providers

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Community Advantage Plus will pay for the cost of your second opinion visit
  - 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:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help 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:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **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:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - 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 (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Ask for a State Hearing
  - 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 Community Advantage Plus Member Services 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 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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

If you have a complaint or think Community Advantage Plus improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may also submit a complaint in writing to:

Community Advantage Plus
Attention: CHPIV Grievances and Appeals Supervisor
PO Box 174
Imperial, CA 92251
Or fax to (619) 407-4646

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 Community Advantage Plus Member Services at the numbers listed at the bottom of this page.

You may opt to file a complaint or grievance against us or our providers with the California Department of Managed Health Care (DMHC). The DMHC has a toll-free phone number (1-888-HMO-2219) and a TTY line (1-877-688-9891) for the hearing and speech impaired. The DMHC's website (http://www.hmohelp.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions online. You also have the right to appeal certain decisions made by us or our providers.

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 Community Advantage Plus Member Services. Phone numbers are 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.
- Or, you can call the Department of Health Care Services (DHCS) Medi-Cal Fraud Hotline at 1-800-822-6222.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Community Advantage Plus Member Services:

1-888-484-1412
Calls to this number are free. 7 days a week and 24 hours a day.
Member Services also has free language interpreter services available for non-English speakers.

1-888-671-3263 (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. 7 days a week and 24 hours a day.

If you have questions about your health:
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Community Advantage Plus's Nurse Line. A nurse will listen to your problem and tell you how to get urgent care or if you need to go to an emergency room. The numbers for the Community Advantage Plus's Nurse Line are:

1-888-671-3332

Calls to this number are free. 7 days a week and 24 hours a day.
Community Advantage Plus also has free language interpreter services available for non-English speakers.

1-888-671-3263 (TTY)
Calls to this number are free. 7 days a week and 24 hours a day.

If you need immediate behavioral health care, please call the Imperial County Behavioral Health Crisis Line:

1-800-817-5292 or Dial 988
Calls to this number are free.7 days a week and 24 hours a day.
Community Advantage Plus also has free language interpreter services available for non-English speakers.

TTY for the hearing impaired, please call 711.
Calls to this number are free. 7 days and 24 hours a day.