Santa Clara Family Health Plan™

# DUALCONNECT

(HMO D-SNP) A Medicare Medi-Cal Plan

## Summary of Benefits 2027

Customer Service: **1-877-723-4795**
TTY: **711**

7 days a week, 8 a.m. to 8 p.m. The call is free.

www.scfhp.com/dualconnect

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ACCREDITED NCQA HEALTH PLAN ACCREDITED

★★★½☆

Medicare Plan

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# Santa Clara Family Health Plan DualConnect (HMO D-SNP): 2027 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by Santa Clara Family Health Plan DualConnect (HMO D-SNP), a Medicare Medi-Cal Plan, (SCFHP DualConnect). 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 SCFHP DualConnect. 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 SCFHP DualConnect for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- SCFHP DualConnect is an HMO D-SNP with a Medicare and Medi-Cal contract. Enrollment in SCFHP DualConnect depends on contract renewal.
- 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), 24 hours per day, 7 days a week. 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 at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 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 a.m. and 5 p.m.

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

ATTENTION: If you need help in your language, call 1-877-723-4795 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-723-4795 (TTY: 711). These services are free of charge.

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-723-4795 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-723-4795 (TTY: 711). Estos servicios son gratuitos.

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-723-4795 (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 1-877-723-4795 (TTY: 711). Các dịch vụ này đều miễn phí.

请注意：如果您需要以您的母语提供帮助，请致电 1-877-723-4795 (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 1-877-723-4795 (TTY: 711) 。这些服务都是免费的 。

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-723-4795 (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 1-877-723-4795 (TTY: 711). Libre ang mga serbisyong ito.

الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-877-723-4795 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-877-723-4795 (TTY: 711). هذه الخدمات مجانية.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-723-4795 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-877-723-4795 (TTY: 711): Այդ ծառայություններն անվճար են:

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-877-723-4795 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-877-723-4795 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-877-723-4795 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-877-723-4795 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-723-4795 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-723-4795 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-723-4795 (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 1-877-723-4795 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

注意日本語での対応が必要な場合は 1-877-723-4795 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-877-723-4795 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean) – 유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-723-4795 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-723-4795 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-723-4795 (TTY: 711) .

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-877-723-4795 (TTY: 711) .

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-723-4795 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-877-723-4795 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-877-723-4795 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-877-723-4795 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-723-4795 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-723-4795 (линия TTY: 711). Такие услуги предоставляются бесплатно.

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-723-4795 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-723-4795 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-723-4795 (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 1-877-723-4795 (TTY: 711). Ці послуги безкоштовні.

- This document is available for free in English, Spanish, Vietnamese, Simplified Chinese, Tagalog, Farsi, and Russian.
- If you would like a hard copy of the *Summary of Benefits*, or other documents such as the *Member Handbook*, call Customer Service at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. You can also go to www.scfhp.com/dualconnect to access the *Summary of Benefits, Member Handbook,* and SCFHP DualConnect documents online.

**If you have questions**, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- You can make a standing request to get this document, now and in the future, in a language other than English or in an alternative format. We will keep this information on file for future mailings. You do not need to make a separate request each time. To make or change your request, go to www.scfhp.com or call Customer Service or send a request in writing to:

  Attn: Customer Service Department
  Santa Clara Family Health Plan
  PO Box 18880
  San José, CA 95158

- **Nondiscrimination Notice**

  Discrimination is against the law. SCFHP DualConnect follows State and Federal civil rights laws. SCFHP DualConnect does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

  SCFHP DualConnect provides:

  - Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - Free language services in a timely manner to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

  If you need these services, contact SCFHP DualConnect between 8 a.m. to 8 p.m., 7 days a week by calling 1-877-723-4795. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

  **Santa Clara Family Health Plan**
  **PO Box 18880**
  **San Jose, CA 95158**
  **1-877-723-4795**
  **TTY: 711**

## HOW TO FILE A GRIEVANCE

If you believe that SCFHP DualConnect has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SCFHP DualConnect. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP DualConnect between 8 a.m. to 8 p.m., 7 days a week by calling 1-877-723-4795. Or, if you cannot hear or speak well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to:

  **Attn: Grievance and Appeals Department**
  **Santa Clara Family Health Plan**
  **6201 San Ignacio Ave**
  **San José, CA 95119**

- In person: Visit your doctor's office or SCFHP DualConnect and say you want to file a grievance.
- Electronically: Visit SCFHP DualConnect's website at www.scfhp.com/dualconnect.

## OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

  **Deputy Director, Office of Civil Rights**
  **Department of Health Care Services**
  **Office of Civil Rights**
  **P.O. Box 997413, MS 0009**
  **Sacramento, CA 95899-7413**

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

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**OFFICE FOR CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

  **U.S. Department of Health and Human Services**
  **200 Independence Avenue, SW**
  **Room 509F, HHH Building**
  **Washington, D.C. 20201**

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

- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

## 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 SCFHP DualConnect that I get now?** | You'll get most of your covered Medicare and Medi-Cal benefits directly from SCFHP DualConnect. 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 services, or regional center services.<br><br>When you enroll in SCFHP DualConnect, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.<br><br>If you're taking any Medicare Part D drugs that SCFHP DualConnect 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 SCFHP DualConnect to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page. |

| Frequently Asked Questions | Answers |
|---|---|
| **Can I go to the same doctors I use now?** | Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with SCFHP DualConnect and have a contract with us, you can keep going to them.<br>• 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 SCFHP DualConnect's networks.** If you use providers or pharmacies that aren't in your network, the plan may not pay for these services or drugs.<br>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SCFHP DualConnect's plan.<br>• If you're currently under treatment with a provider that's out of SCFHP DualConnect's networks, or have an established relationship with a provider that is out of SCFHP DualConnect's networks, call Customer Service to check about staying connected and ask for continuity of care.<br>To find out if your doctors are in your PCP's network, call Customer Service at the numbers listed at the bottom of this page or read SCFHP DualConnect's *Provider and Pharmacy Directory* on the plan's website at www.scfhp.com/dualconnect. If your out-of-network provider would like to discuss contracting with SCFHP, please have the provider contact us at providerservices@scfhp.com.<br>If SCFHP DualConnect is new for you, we'll work with you to develop an Individualized Care Plan to address your needs. |
| **What's an SCFHP DualConnect care coordinator?** | An SCFHP DualConnect 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. |

| Frequently Asked Questions | Answers |
|---|---|
| **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 SCFHP DualConnect's networks can provide it?** | Most services will be provided by our network providers. If you need a service that can't be provided within your PCP's network, SCFHP DualConnect will pay for the cost of an out-of-network provider. |
| **Where's SCFHP DualConnect available?** | The service area for this plan includes: Santa Clara 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 SCFHP DualConnect or your delegated network to seek services outside of your network or to get services not routinely covered by your network **before** you get the services. SCFHP DualConnect may not cover the service, procedure, item, or drug if you don't get prior authorization.<br><br>**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** SCFHP DualConnect can provide you or your provider with a list of services or procedures that require you to get prior authorization from SCFHP DualConnect or your delegated network 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. |
| **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 or use other providers in the plan's networks. A referral is different than a prior authorization. If you don't get a referral from your PCP, SCFHP DualConnect may not cover the services or the specialist may refuse to see you. SCFHP DualConnect can provide you with a list of services that require you to get a referral from your PCP before the service is provided.<br><br>Refer to Chapter 3 of the *Member Handbook* to learn more about when you'll need to get a referral from your PCP. |
| **Do I pay a monthly amount (also called a premium) under SCFHP DualConnect?** | 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 SCFHP DualConnect?** | No. You don't pay deductibles in SCFHP DualConnect. |

| Frequently Asked Questions | Answers |
|---|---|
| **What's the maximum out-of-pocket amount that I'll pay for medical services as a member of SCFHP DualConnect?** | There's no cost-sharing for medical services in SCFHP DualConnect, so your annual out-of-pocket costs will be $0. |
| **What's a delegated network?** | SCFHP works with a large number of PCPs, specialists, hospitals, and other healthcare providers. Some of these providers work within a network, sometimes called a "medical group" or an "independent practice association (IPA)." These providers may also be directly contracted with SCFHP. Some SCFHP provider networks are delegated to manage your care. If your PCP is in a delegated network, the delegated network will provide pre-approval (prior authorization) for services that require one. |
| **Can I view my health plan information online if I enroll?** | Yes, you can get access to your health plan information online on the mySCFHP member portal at member.scfhp.com. As an SCFHP member, you can:<br>• Update your contact information<br>• View your health plan benefits and summaries<br>• Download a digital SCFHP member ID card to your phone<br>• Request a new member ID card<br>• Print or request a member ID card<br>• View or change your primary care provider (PCP)<br>• Find a health provider in your network<br>• Request transportation to your health visits<br>• Sign up for text messages<br>• Enroll in health education classes |

## 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 | Prior authorization may be required. |
| | Doctor or surgeon care | $0 | Prior authorization may be required. |
| | Outpatient hospital services, including observation | $0 | A referral and prior authorization may be required. |
| | Ambulatory surgical center (ASC) services | $0 | A referral and prior authorization may be required. |
| **You want a doctor (continued on the next page)** | Visits to treat an injury or illness | $0 | You must go to in-network doctors, specialists, and hospitals. |
| | Specialist care | $0 | You must go to in-network doctors, specialists, and hospitals. A referral may be required. |
| | Wellness visits, such as a physical | $0 | One annual wellness visit per benefit year. |

| 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)** | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | $0 | Vaccines, including flu shots (once each flu season in the fall and winter, with additional flu shots if medically necessary), Hepatitis B shots, pneumonia vaccines and other vaccines may be covered. Refer to the *Member Handbook* for more details.<br>We also pay for all vaccines for adults as recommended by the California Department of Public Health (CDPH).<br>Prior authorization may be required for Part B vaccines. |
| | "Welcome to Medicare" (preventive visit one time only) | $0 | During the first 12 months of your new Part B coverage, you can get a Welcome to Medicare preventive visit.<br>When you make your appointment, tell your doctor's office you want to schedule your "Welcome to Medicare" preventive visit. |

| 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 covered emergency medical care whenever you need it, anywhere in the United States or its territories without prior authorization.<br>Not covered outside of the U.S. and its territories. |
| | Urgent care | $0 | You may get urgent care anywhere in the U.S. or its territories without prior authorization.<br>Not covered outside of the U.S. and its territories. |
| **You need medical tests** | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | $0 | A referral and prior authorization may be required. |
| | Lab tests and diagnostic procedures, such as blood work | $0 | A referral and prior authorization may be required. |

| 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** | Hearing screenings | $0 | We pay for hearing and balance tests done by your provider.<br>A referral may be required. |
| | Hearing aids | $0 | $1,510 maximum allowed per member for both ears per fiscal year (July 1 – June 30).<br>Includes molds, modification supplies, and accessories.<br>Contact SCFHP DualConnect for details.<br>A referral and prior authorization may be required. |
| **You need dental care** | Dental check-ups and preventive care | $0 | Certain dental services are available through the Medi-Cal Dental Program or Fee-For-Service (FFS) Medi-Cal. Go to dental.dhcs.ca.gov for more information. |
| | Restorative and emergency dental care | $0 | Medi-Cal covers dental restorative and emergency dental care for all members. Go to dental.dhcs.ca.gov for more information. |

| 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 | Up to one routine eye exam every year administered by VSP.<br>For medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye, a referral may be required. |
| | Glasses or contact lenses | $0 | Up to $200 every two years for contact lenses or eyeglasses (frames and lenses) is covered and administered by VSP.<br>One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery.<br>A referral may be required. |
| | Other vision care | $0 | For people at high risk of glaucoma, we pay for one glaucoma screening each year.<br>A referral may be required. |

| 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** | Mental health services | $0 | Most outpatient mental health services do not require an authorization or referral.<br>See "**Other services covered by Medicare, Medi-Cal, or a State Agency**" on page **39**.<br>For more information or help with getting services, contact Customer Service or our Behavioral Health team at 1-408-874-1984 (TTY: 711), Monday through Friday, 8:30 a.m. to 5 p.m. |
| | Inpatient and outpatient care and community-based services for people who need mental health services | $0 | Emergency care does not require a referral. Planned inpatient or intensive treatment services may require a referral or authorization. Some services may be administered through Santa Clara County. See "**Other services covered by Medicare, Medi-Cal, or a State Agency**" on page **39**.<br>Contact Customer Service for more information. |

| 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** | Substance use disorder services | $0 | Substance use disorder treatment is available. Emergency care does not require a referral. Some services may require a referral, prior authorization, and/or be connected through the Santa Clara County behavioral health plan. See "**Other services covered by Medicare, Medi-Cal, or a State Agency**" on page **39**.<br>Contact Customer Service for more information. |
| | Sobering Center services | $0 | Available for SCFHP DualConnect members as Community Supports and can be used as an alternative to being taken to jail or a hospital if found publicly intoxicated. Must be escorted by law enforcement or other trained referring agent.<br>Services will be covered for a 23-hour and 59-minute duration.<br>No prior authorization required. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need a place to live with people available to help you** | Skilled nursing care | $0 | A referral and prior authorization may be required.<br>No limit to the number of days covered by the plan per skilled nursing facility (SNF) stay.<br>No prior hospital stay is required. |
| | Nursing home care | $0 | A referral and prior authorization may be required.<br>No limit to the number of days covered by the plan each SNF stay.<br>No prior hospital stay is required. |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | $0 | A referral and prior authorization may be required. |

| 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 to health services (continued on the next page)** | Ambulance services | $0 | For non-emergency medical transportation (NEMT), SCFHP DualConnect requires you to provide an attestation in person, electronically, or over the phone that you do not have other sources of transportation. NEMT must be pre-approved by SCFHP DualConnect and arranged at least 5 business days before your scheduled appointment.<br>Call Customer Service or login to mySCFHP at member.scfhp.com to arrange transportation. |
| | Emergency transportation | $0 | Prior authorization is not required for emergency ground or air services.<br>Not covered outside of the U.S. and its territories. |

| 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 to health services (continued)** | Transportation to medical appointments and services | $0 | Non-Emergency Medical Transportation (NEMT) requires the completion of a physician certification statement (PCS) form to determine appropriate level of service. This form must be completed by your treating physician prior to the services being arranged or provided. NEMT must be pre-approved by SCFHP DualConnect and arranged at least 5 business days before your scheduled appointment. Prior authorization may be required.<br><br>Non-Medical Transportation (NMT) requires you to provide an attestation in person, electronically, or over the phone that you do not have other sources of transportation. NMT must be pre-approved by SCFHP DualConnect and arranged at least 3 business days before your scheduled appointment.<br><br>Call Customer Service or login to mySCFHP at member.scfhp.com to arrange transportation. |

| 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 *Member Handbook* for more information on these drugs.<br><br>Prior authorization or step therapy may be required. |

| 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)** | 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 SCFHP DualConnect's *List of Covered Drugs* (*Drug List*) for more information.<br>Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage.<br>Prior authorization or step therapy may be required.<br>There may be limits to the amount of a drug you can get.<br>Extended-day supplies may be available at retail, mail-order, and long-term care pharmacy locations.<br>Not all drugs are available for extended-day supplies. |
| | Tier 1: Preferred generic | $0 for up to a 100-day supply. | |
| | Tier 2: Generic | $0 for up to a 100-day supply. | |
| | Tier 3: Preferred brand | $0 to $14.40 for up to a 100-day supply. | |
| | Tier 4: Non-preferred brand | $0 to $14.40 for up to a 100-day supply. | |
| | Tier 5: Specialty drugs: generic or brand name | $0 to $14.40 for up to a 100-day supply. | |

| 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)** | Tier 6: Select care drugs | $0 for up to a 100-day supply | |
| | Over-the-counter (OTC) drugs | $0 | There may be limitations on the types of drugs covered.<br>Select OTC drugs and items may be available by mail order up to $35 every three months.<br>Some OTC drugs and vitamins may be covered by Medi-Cal Rx when they are written as a prescription by your provider. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. |
| **You need help getting better or have special health needs (continued on the next page)** | Rehabilitation services | $0 | A referral and prior authorization may be required. |
| | Medical equipment for home care | $0 | Prior authorization may be required. |

| 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)** | Dialysis services | $0 | A referral and prior authorization may be required.<br>Dialysis services that you get from a Medicare-certified dialysis facility when traveling in the U.S, and its territories are covered. |
| **You need foot care** | Podiatry services | $0 | A referral and prior authorization may be required. |
| | Orthotic services | $0 | Prior authorization may be required. |
| **You need durable medical equipment (DME)**<br>**Note: This is not 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 may be required. |
| | Nebulizers | $0 | Prior authorization may be required. |
| | Oxygen equipment and supplies | $0 | Prior authorization may be required. |

| 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 | Includes medically necessary short-term intermittent skilled nursing care and rehabilitation services at home.<br>A referral and prior authorization may be required.<br>Before you can get home health services, a doctor must tell us you need them, and they must be provided by a home health agency. |
| | Home modifications such as grab bars, doorway enlargement, or asthma remediation, such as air filters, asthma-friendly cleaning products and supplies. | $0 | Prior authorization is required.<br>Available for SCFHP DualConnect members as Community Supports when member is identified through an assessment by an appropriate provider as needing a medically appropriate and cost effective alternative.<br>Home modifications are payable up to a total lifetime maximum of $7,500.<br>Asthma remediation is payable up to a total lifetime maximum of $7,500. |

| 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)** | Adult day health, Community Based Adult Services (CBAS), or other support services | $0 | Prior authorization may be required. |
| | Day habilitation services | $0 | Available for SCFHP DualConnect members as Community Supports when you're experiencing or are at risk of homelessness, or have been housed in the last 24 months.<br>Trainings may be offered in or out of a member's home and are designed to teach you skills to maintain independence.<br>Prior authorization is required. |

| 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)** | Home services, such as cleaning or housekeeping, to help you live on your own (home health care services or personal care attendant services) | $0 | Prior authorization is required.<br>Available for SCFHP DualConnect members as Community Supports services when you are approved for In-Home Supportive Services (IHSS) but require services during a waiting period.<br>Similar personal care services available through IHSS when waiting to be assessed by IHSS or for a caregiver.<br>For information about In-Home Supportive Services (IHSS) Santa Clara County, go to Chapter 2 of the *Member Handbook*. |
| | Respite services are provided to caregivers of members who require intermittent temporary supervision. | $0 | Respite services are provided on a short-term basis for members who could otherwise not remain in their homes.<br>Prior authorization is required. |

| 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 | $0 | A fitness benefit is offered to SCFHP DualConnect members to encourage an active lifestyle and improve their quality of life. For more information, go to www.scfhp.com/dc-fitness.<br>Participating facilities may vary and are subject to change.<br>**Talk to your doctor before you start or change your exercise routine.** |
| | Chiropractic services | $0 | We'll pay for the following services:<br>• Adjustments of the spine to correct alignment (when accompanied by documented subluxation)<br>• Up to 2 outpatient chiropractic services per month in one calendar year, or more often if medically necessary.<br>A referral and prior authorization may be required. |

| 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)** | Diabetes supplies and services | $0 | Prior authorization may be required.<br>Includes supplies to monitor blood glucose.<br>For people with severe diabetic foot disease, includes:<br>• One pair of therapeutic custom-molded shoes (including inserts), including the fitting, and two extra pairs of inserts each calendar year, ***or***<br>• One pair of depth shoes, including the fitting, and three pairs of inserts each year (not including the non-customized removable inserts provided with such shoes). |
| | Prosthetic services | $0 | Prior authorization may be required. |
| | Radiation therapy | $0 | Prior authorization may be required. |

| 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)** | Services to help manage your disease | $0 | SCFHP DualConnect offers certain health and wellness education classes. Go to www.scfhp.com/dualconnect to see what classes are available.<br>A referral and prior authorization may be required. |
| | Medically Tailored Meals or Medically-Supportive Food to manage your nutrition sensitive chronic health condition | $0 | Available for SCFHP DualConnect members as Community Supports when a member has a qualifying chronic or other serious health condition that is nutrition sensitive.<br>A referral and prior authorization may be required. |
| | Housing related services such as housing navigation, housing deposits and housing tenancy and sustaining services. | $0 | Available for SCFHP DualConnect members as Community Supports when member is either experiencing homelessness or at risk of homelessness. Additional eligibility requirements can be found in the *Member Handbook*.<br>A referral and prior authorization may be required. |

| 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)** | Services that help avoid institutionalization such as nursing facility transition or diversion to an assisted living facility or home in the community. | $0 | Available for SCFHP DualConnect members as Community Supports when member has lived in a nursing facility or recuperative care setting for 60 or more days and is willing and able to live in an assisted living facility or in the community. Additional eligibility requirements can be found in the *Member Handbook*.<br>A referral and prior authorization may be required. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| | California Integrated Care Management (CICM) | $0 | You may be eligible if you<br>• are experiencing homelessness,<br>• are at risk for avoidable hospital or emergency department utilization,<br>• have serious mental health and/or substance use disorder (SUD) needs,<br>• are transitioning from incarceration,<br>• are living in the community and at risk for long-term care (LTC) institutionalization, |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued)** | California Integrated Care Management (CICM) (continued) | $0 | (continued)<br>• are a nursing facility resident transitioning to the community,<br>• are pregnant or postpartum and subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality (birth equity), **or**<br>• have documented dementia needs.<br>If you would like to enroll, call Case Management at 1-877-590-8999 (TTY: 711), Monday through Friday, 8:30 a.m. to 5 p.m. |

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 SCFHP DualConnect *Member Handbook*. If you don't have a *Member Handbook*, call SCFHP DualConnect 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 www.scfhp.com/dualconnect.

## D. Benefits covered outside of SCFHP DualConnect

There are some services that you can get that aren't covered by SCFHP DualConnect but are covered by Medicare, Medi-Cal, or a State or county agency. This is not 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 |
|---|---|
| Certain dental services<br>Dental Managed Care (DMC) member contact information can be found at: www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation.<br>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 SCFHP DualConnect | $0 |
| Rest home room and board | $0 |
| California Community Transitions (CCT) pre-transition coordination services and post-transition services | $0 |
| In-Home Supportive Services (IHSS) | $0 |
| Mental health and substance use treatment | $0 |
| Psychosocial rehabilitation | $0 |
| Targeted case management | $0 |

| Other services covered by Medicare, Medi-Cal, or a State Agency | Your costs |
|---|---|
| Home and Community Based Services (HCBS) Waiver Programs<br>• Assisted Living Waiver (ALW)<br>• HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD)<br>• California Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities<br>• Home and Community-Based Alternative (HCBA) Waiver<br>• Medi-Cal Waiver Program (MCWP)<br>• Multipurpose Senior Services Program (MSSP) | $0 |
| Regional center services | $0 |

## E. Services that SCFHP DualConnect, 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 SCFHP DualConnect, Medicare, and Medi-Cal don't cover |
|---|
| Emergency or urgent care outside of the U.S. or its territories |
| Naturopath services (the use of natural or alternative therapies) |
| Out-of-network services, except for emergency or urgent care, out-of-area dialysis, and services with prior authorization |

## F. Your rights as a member of the plan

As a member of SCFHP DualConnect, 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, 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. SCFHP DualConnect 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 SCFHP DualConnect 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 a.m. and 5 p.m., or the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m.

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

If you have a complaint or think SCFHP DualConnect 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 Attn: Grievance and Appeals, Santa Clara Family Health Plan, PO Box 18880, San José, CA 95158. 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 SCFHP DualConnect Customer Service at the numbers listed at the bottom of this page.

You can file a complaint with or ask for an Independent Medical Review (IMR) from the Help Center at the California Department of Managed Health Care (DMHC). Fill out the IMR Application/Complaint Form available at www.dmhc.ca.gov/Portals/0/FileAComplaint/IMRForms/20160AAF_English.pdf. Or call the DMHC Help Center at 1-888-466-2219. TTY users should call 1 877 688-9891.

Mail or fax your forms and any attachments to:

Help Center
Department of Managed Health Care
980 Ninth St, Ste 500
Sacramento, CA 95814-2725
Fax: 916-255-5241

### Help from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-877-723-4795** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR

process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **1-888-466-2219** and a TDD line **1-877-688-9891** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

## 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 SCFHP DualConnect Customer Service. Phone numbers are at 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.
- Call the California Department of Health Care Services (DHCS) at 1-800-822-6222 or, email DHCS at stopmedicalfraud@dhcs.ca.gov.

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Santa Clara Family Health Plan™

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call SCFHP DualConnect Customer Service:**

**1-877-723-4795**
Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.
Customer Service also has free language interpreter services available for non-English speakers.

**711**
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, 8 a.m. to 8 p.m.

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