



**To:** IEHP DualChoice Network Providers  
**From:** IEHP – Provider Relations  
**Date:** October 4, 2019  
**Subject:** **2020 Benefit Highlights for IEHP DualChoice Cal MediConnect**

IEHP is pleased to share a few of the 2020 benefit highlights for IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) Members. A full summary of the benefits for 2020 is available at <https://www.iehp.org/en/members/iehp-dualchoice-cal-medicconnect-plan?target=dualchoice-plan-benefits-2020>.

BENEFIT	2019	2020
<b>Prescription Copays</b>	<p>Tier 1 drugs: Copay for a one-month (31-day) supply is \$0; \$1.25; or \$3.40 per prescription.</p> <p>Tier 2 drugs: Copay for a one-month (31-day) supply is \$0; \$3.80; or \$8.50 per prescription.</p> <p>Tier 3 drugs: \$0</p>	<b>CHANGE:</b> Copay will be \$0 for drugs in ALL three tiers.
<b>Dental Care</b>	Dental benefits provided by Delta Dental.	<b>CHANGE:</b> Dental care will be provided through the Medi-Cal Dental Program (Denti-Cal.)
<b>Transportation</b>	<p>\$0 for round-trip transportation to plan-approved locations.</p> <p>Transportation may also include monthly bus passes.</p>	Benefit remains the same.
<b>Vision</b>	\$100 every two years for contact lenses and eyeglasses (frames and lenses).	Benefit remains the same.

As a reminder, all communications sent by IEHP can also be found on our Provider Portal at the following address: [www.iehp.org/en/providers/plan-updates](http://www.iehp.org/en/providers/plan-updates).

If you have any questions regarding other Provider-related issues, please contact the Provider Relations Team at (909) 890-2054, or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org).