

ALAMEDA ALLIANCE FOR HEALTH ALAMEDA ALLIANCE WELLNESS (HMO D-SNP) 2026 SUMMARY OF BENEFITS



H2035_25_2451_D-SNP_MBR SOB CY26_C Approved 08272025



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

Introduction

This document is a brief summary of the benefits and services covered by Alameda Alliance Wellness (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Alameda Alliance Wellness. 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 Alameda Alliance Wellness (HMO D-SNP) for January 1, 2026 through December 31, 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To get a complete list of services we cover, please refer to the Member Handbook on our website at **www.alamedaalliance.org/alliancewellness** or by calling Member Services at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. Note: The Member Handbook will be available on our website by October 15, 2025.

- Alameda Alliance Wellness is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medi-Cal (Medicaid) Program. Enrollment in Alameda Alliance Wellness depends on contract renewal.
- Alameda Alliance Wellness includes prescription drug coverage (Medicare Part D). Alameda Alliance Wellness offers you the convenience of having both your medical and prescription drugs covered through one plan.
- To join Alameda Alliance Wellness, you must have both Medicare Part A and Medicare Part B, be eligible for full Medi-Cal (Medicaid) and live in our service area. Our service area includes Alameda County.
- Our plan Provider and Pharmacy Directory is located on our website **www.alamedaalliance.org/help/find-a-doctor**.
- To get the most complete and current information about which drugs are covered, you can visit our website at **www.alamedaalliance.org/alliancewellness**.
- 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.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

ATTENTION: If you need help in your language, call **1.888.882.3767** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.888.882.3767** (TTY: **1.800.735.2929**). These services are free of charge.

(Arabic) العربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ
1.888.882.3767

. تتوفر أيضًا المساعدات والخدمات (TTY: **1.800.735.2929**)
للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة

1.877.888.882.3767 بطريقة بريـل والخط الكبير. اتصل بـ

. هذه الخدمات مجانية. (TTY: **1.800.735.2929**)

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր

Ձեր լեզվով, գանգահարեք **1.888.882.3767** (TTY:

1.800.735.2929): Կան նաև օժանդակ միջոցներ ու

ծառայություններ հաշմանդամություն ունեցող անձանց

համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ

տպագրված նյութեր: Զանգահարեք **1.888.882.3767** (TTY:

1.800.735.2929): Այդ ծառայություններն անվճար են:



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (**1.888.882.3767**). TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម
ទូរស័ព្ទទៅលេខ **1.888.882.3767** (TTY: **1.800.735.2929**)។
ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ
ដូចជាឯកសារសរសេរជាអក្សរធុស សម្រាប់ជនពិការភ្នែក
ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។
ទូរស័ព្ទមកលេខ **1.888.882.3767** (TTY: **1.800.735.2929**)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese – Simplified)

请注意：如果您需要以您的母语提供帮助，请致电
1.888.882.3767 (TTY: **1.800.735.2929**)。另外还提供针对残
疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是
方便取用的。请致电 **1.888.882.3767** (TTY:
1.800.735.2929)。这些服务都是免费的。



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繁體中文 (Chinese Traditional)

请注意：如果您需要以您的母语提供的帮助，請撥打

1.888.882.3767 (TTY: 1.800.735.2929)。我們可為殘障人士提供相應的輔助設施和服務，如盲文和大字印刷體格式的文件。請撥打**1.888.882.3767 (TTY: 1.800.735.2929)**。此類服務均免費提供。

فارسی (Farsi)

1.888.882.3767 خواهید به زبان خود کمک دریافت کنید، با توجه: اگر می تماس بگیرید. (TTY: 1.800.735.2929)

کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است.

تماس بگیرید. این خدمات (TTY: 1.800.735.2929) **1.888.882.3767** رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1.888.882.3767 (TTY: 1.800.735.2929)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1.888.882.3767 (TTY: 1.800.735.2929)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1.888.882.3767** (TTY: **1.800.735.2929**). 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 **1.888.882.3767** (TTY: **1.800.735.2929**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1.888.882.3767** (TTY: **1.800.735.2929**)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。 **1.888.882.3767** (TTY: **1.800.735.2929**)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 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1.888.882.3767** (TTY: **1.800.735.2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1.888.882.3767** (TTY: **1.800.735.2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



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ພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1.888.882.3767** (TTY: **1.800.735.2929**).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1.888.882.3767** (TTY: **1.800.735.2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1.888.882.3767** (TTY: **1.800.735.2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1.888.882.3767** (TTY: **1.800.735.2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (1.888.882.3767). TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1.888.882.3767** (TTY: **1.800.735.2929**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1.888.882.3767** (TTY: **1.800.735.2929**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1.888.882.3767** (линия TTY: **1.800.735.2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1.888.882.3767** (линия TTY: **1.800.735.2929**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1.888.882.3767** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.888.882.3767** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (**1.888.882.3767**). TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. For more information, visit www.alamedaalliance.org/alliancewellness.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.888.882.3767** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.888.882.3767** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1.888.882.3767** (TTY: **1.800.735.2929**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1.888.882.3767** (TTY: **1.800.735.2929**)
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1.888.882.3767** (TTY: **1.800.735.2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1.888.882.3767** (TTY: **1.800.735.2929**). Ці послуги безкоштовні.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP** (**1.888.882.3767**). TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.888.882.3767** (TTY: **1.800.735.2929**).

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 **1.888.882.3767** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

- This document is available for free in Spanish, Chinese, Vietnamese, Farsi, and Tagalog on our website at **www.alamedaalliance.org/alliancewellness**.
- You can ask that we always send you information in the language or format you need. This is called a standing request. To get this document in a language other than English or in an alternate format now and in the future, please call Alameda Alliance Wellness Member Services at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. Member Services will keep your preferred language and format on file for future communications. To make any updates on your preference, please contact Alameda Alliance Wellness Member Services.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medicare-Medi-Cal (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 Alameda Alliance Wellness that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from Alameda Alliance Wellness. 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 Alameda Alliance Wellness, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Alameda Alliance Wellness 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 Alameda Alliance Wellness to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued on next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Alameda Alliance Wellness 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 the Alameda Alliance Wellness 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 the Alameda Alliance Wellness plan. • If you're currently under treatment with a provider that's out of the Alameda Alliance Wellness network, or have an established relationship with a provider that's out of the Alameda Alliance Wellness network, call Member Services to check about staying connected and ask for continuity of care. • You may be able to get continuity of care for up to 12 months or more if all of these are true: ○ You have an ongoing relationship with the out-of-network provider before enrollment in Alameda Alliance Wellness. ○ You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment in Alameda Alliance Wellness. ○ The out-of-network provider is willing to work with Alameda Alliance Wellness and agrees to the Alameda Alliance Wellness contract requirements and payment for services.



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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	○ The out-of-network provider meets the Alameda Alliance Wellness professional standards. ○ The out-of-network provider is enrolled and participating in the Medi-Cal program. If your providers do not join the Alameda Alliance Wellness network by the end of 12 months, do not agree to the Alameda Alliance Wellness payment rates, or do not meet quality of care requirements, you will need to change to providers in the Alameda Alliance Wellness network. Alameda Alliance Wellness is not required to provide continuity of care for an out-of-network provider for certain ancillary (supporting) services such as radiology, laboratory, dialysis centers, or transportation. You will get these services with a provider in the Alameda Alliance Wellness network. 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 the Alameda Alliance Wellness Provider and Pharmacy Directory on the plan's website at www.alamedaalliance.org/help/find-a-doctor. If Alameda Alliance Wellness is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.
What's a Alameda Alliance Wellness care coordinator?	An Alameda Alliance Wellness care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need.



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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 the Alameda Alliance Wellness 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, Alameda Alliance Wellness will pay for the cost of an out-of-network provider.
Where's Alameda Alliance Wellness available?	The service area for this plan includes: Alameda County. You must live in this area to join the plan.
What's prior authorization?	Prior authorization means an approval from Alameda Alliance Wellness to seek services outside of our network or to get services not routinely covered by our network before you get the services. Alameda Alliance Wellness 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. Alameda Alliance Wellness can provide you or your provider with a list of services or procedures that require you to get prior authorization from Alameda Alliance Wellness 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.



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Frequently Asked Questions	Answers
What's a referral?	A referral means that your primary care provider (PCP) or care team 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 or care team, Alameda Alliance Wellness may not cover the services. Alameda Alliance Wellness can provide you with a list of services that require you to get a referral from your PCP or care team before the service is provided. Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP or care team.
Do I pay a monthly amount (also called a premium) under Alameda Alliance Wellness?	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 Alameda Alliance Wellness?	No. You don't pay deductibles in Alameda Alliance Wellness.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Alameda Alliance Wellness?	There's no cost sharing for medical services in Alameda Alliance Wellness, so your annual out-of-pocket costs will be \$0.
What is the Deeming Period?	If a member no longer meets the eligibility criteria but can reasonably be expected to meet the criteria within a three (3) month period, the member is deemed to continue to be eligible for the Medicare Advantage (MA) plan for a period of three (3) months. Please contact Alameda Alliance Wellness for details.



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C. List of covered Services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Prior authorization required. Hospital services are covered when determined to be medically necessary by your treating doctor and Alameda Alliance Wellness. Hospital stay is covered when medically necessary. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. You must go to network doctors, specialists, and hospitals. Prior authorization may be required for network hospital non-emergency procedure.
	Doctor or surgeon care	\$0	Doctor and surgeon care are provided as part of your hospital stay. Prior authorization rules and referral requirements may apply.
	Outpatient hospital services, including observation	\$0	Prior authorization rules and referral requirements may apply for outpatient hospital, non-emergency procedures.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization rules and referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued on next page)	Visits to treat an injury or illness	\$0	You must go to network doctors, specialists, and hospitals. Prior authorization rules may apply. Referral required for network hospitals and specialists (for certain benefits).
	Specialist care	\$0	You must go to network doctors, specialists, and hospitals. Prior authorization rules may apply. Referral required for network hospitals and specialists (for certain benefits).
	Wellness visits, such as a physical	\$0	Annual Wellness Visit every 12 months.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Preventative and screening services: • Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Bone mass measurements • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screenings • Colorectal cancer screenings ◦ Blood-based biomarker tests ◦ Colonoscopies ◦ Computed tomography (CT) colonography ◦ Fecal occult blood tests ◦ Flexible sigmoidoscopies



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued from previous page)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	○ Multi-target stool DNA tests • Counseling to prevent tobacco use & tobacco-caused disease • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma screenings • Hepatitis B shots • Hepatitis B virus (HBV) infection screenings • Hepatitis C virus screenings • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time “Welcome to Medicare” preventive visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots: ○ COVID-19 vaccines ○ Flu shots ○ Hepatitis B shots ○ Pneumococcal shots Prior authorization rules requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued from previous page)	“Welcome to Medicare” (preventive visit one time only)	\$0	Our plan covers the one-time “Welcome to Medicare” preventive visit only during the first 12 months that you have Medicare Part B.
You need emergency care	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You may access emergency room services out of the Alameda Alliance Wellness network and without prior authorization. You may get covered emergency medical care whenever you need it, anywhere in the United States, without prior authorization or referral. In addition, emergency care services received outside of the United States are covered up to \$25,000 per calendar year.
	Urgent care	\$0	You may go to any urgent care when a condition, illness, or injury is not life threatening, but medical care is needed right away. You may access urgent care services out of the Alameda Alliance Wellness network and without prior authorization.
You need medical tests (continued on next page)	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization rules and referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (continued from previous page)	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization rules and referral requirements may apply.
You need hearing/auditory services	Hearing screenings	\$0	Exam to diagnose and treat hearing and balance issues to tell you whether you need medical treatment. Referral requirements may apply.
	Hearing aids	\$0	You will receive up to a \$775 allowance per ear every year for two hearing aids. Hearing aid coverage is for both ears. Hearing aid benefit includes molds, modification supplies and accessories. The hearing aid vendor is NationsHearing. The NationsHearing contact number is 1.877.408.7542 (TTY: 711), and their member experience advisors are available 8 am – 8 pm, local time, seven (7) days a week, including holidays. Contact Alameda Alliance Wellness for more details. Prior authorization rules and referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on next page)	Dental check-ups and preventive care	\$0	Medi-Cal covers dental check-ups and preventive care. Certain dental services are available through the Medi-Cal Dental Program or FFS Medi-Cal. If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1.800.322.6384 (TTY 1.800.735.2922 or 711). You may also get more information about Medi-Cal dental benefits and providers by visiting the Medi-Cal Dental Program website at https://smilecalifornia.org/contact-us/.
	Restorative and emergency dental care	\$0	Our plan covers additional dental care services and procedures that are not covered through the Medi-Cal Dental Program such as: • Restorative • Prosthodontics (removable & fixed) • Adjunctive General Services Our plan partners with Liberty Dental to provide your dental benefits. Benefit exclusions and limitations may apply. The Liberty Dental contact number is 1.888.704.9838. TTY users can call 1.877.855.8039. 8:00 am to 8:00 pm PT: October 1st - March 31st: 7 days a week April 1st - September 30th: Monday – Friday



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)	Restorative and emergency dental care	\$0	Dental restorative and emergency dental care services are covered through the Medi-Cal Dental Program or FFS Medi-Cal. If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1.800.322.6384 (TTY 1.800.735.2922 or 711). You may also get more information about Medi-Cal dental benefits and providers by visiting the Medi-Cal Dental Program website at: https://smilecalifornia.org/contact-us/. Prior authorization rules and referral requirements may apply.
You need eye care (continued on next page)	Eye exams	\$0	Our plan covers one (1) routine eye exam every year. Routine eyecare services need to be obtained using a Vision Service Plan Insurance Company (VSP) Advantage provider. Please call 1.855.492.9028 (TTY: 711) 8am - 8pm, seven (7) days a week, or go to www.vsp.com/advantageonly to find a provider participating in the VSP Advantage network. Prior authorization rules and referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued from previous page)	Glasses or contact lenses	\$0	Our plan covers one pair of eyeglasses (frames and lenses) OR contact lenses. Up to \$150 for one pair of routine eyeglasses (frames) or contact lenses every two (2) years. Standard lenses (single vision, lined bifocals, or lined trifocals) are covered in full every two years. Routine eyecare services need to be obtained using a Vision Service Plan Insurance Company (VSP) Advantage provider. Please call 1.855.492.9028 (TTY: 711) 8am - 8pm, seven (7) days a week, or go to www.vsp.com/advantageonly to find a provider participating in the VSP Advantage network.
	Other vision care	\$0	
You need mental health services (continued on next page)	Mental health services	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued from previous page)	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	Plan covers 90 days for an inpatient hospital stay. Plan covers 60 lifetime reserve days. \$0 co-pay per lifetime reserve day. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. You have access to medically necessary behavioral health services that Medicare and Medi-Cal cover. Our plan does not provide Medi-Cal specialty mental health or county substance use disorder services, but these services are available to you through county behavioral health agencies. Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services Alameda County Behavioral Health ACCESS (1.800.491.9099). For more information on these services refer to Section D in this document and the Member Handbook. Prior authorization rules may apply. However, no prior authorization is required for an initial mental health assessment.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	Substance Use includes: • Alcohol misuse screening and counseling • Treatment of drug abuse • Crisis Services • Outpatient substance use recovery services • Outpatient services that include lab work, drugs, and supplies • Outpatient services to monitor drug therapy • Medication Assisted Treatment • Intensive Outpatient Programs for substance use • Partial Hospitalization Programs for substance use • Inpatient and outpatient detox services No prior authorization is required for outpatient visits with contracted substance use providers. Your county agency also provides Medi-Cal covered substance use disorder services to members who meet medical necessity rules. You may contact Alameda County Behavioral Health ACCESS directly to access county services 1.800.491.9099. For more information on these services, refer to Section D in this document and the Member Handbook. Prior authorization rules may be applicable to other services. Referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Requires referral and prior authorization. Stays are covered when medically necessary.
	Nursing home care	\$0	Requires referral and prior authorization. Stays are covered when medically necessary.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered while you are in the hospital and skilled nursing facility. Prior authorization and referral requirements may apply for continued services upon discharge.
You need help getting to health services	Ambulance services	\$0	Prior authorization is not required for in-network and out-of-network emergency ambulance services. For non-emergency ambulance services, prior authorization rules may apply.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	Our plan covers unlimited roundtrips every year to plan-approved locations on the Medi-Cal benefit. Referral requirements may apply. Prior authorization is required for trips greater than 50 miles. Contact Alameda Alliance Wellness for more details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on next page)	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, some drugs used with certain medical equipment, some HIV-prevention drugs, and certain vaccines. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization rules may apply.
	Medicare Part D drugs All Covered Part D Drugs	\$0/\$1.60/\$5.10 for a 30-day supply of generic drugs. \$0/\$4.90/\$12.65 for a 30-day supply of brand/all other 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 the Alameda Alliance Wellness <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,100.00 you've reached the catastrophic coverage stage, and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. For some covered Medicare Part D prescription drugs, extended-day supplies (90 days) are available at network retail pharmacies or through mail order. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Over the counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to the Alameda Alliance Wellness <i>List of Covered Drugs (Drug List)</i> for more information. Our plan offers a monthly allowance of \$50 for OTC items such as cough and cold medicine, vitamins, pain relievers, bandages, and other eligible products. Unused amounts does not carry forward to the next quarter. Our plan offers a debit card to purchase non-prescription OTC products in-store at participating pharmacies, retail locations, online, or by phone. Contact Alameda Alliance Wellness for more details. In addition, you also have Medi-Cal OTC benefits. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov/home/) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1.800.977.2273.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Outpatient Rehabilitation Services Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Coordination by your doctor, prior authorization rules, and referral requirements may apply. Contact Alameda Alliance Wellness for more details. Cardiac and Pulmonary Rehabilitation Services Coordination by your doctor, prior authorization rules and referral requirements may apply.
	Medical equipment for home care	\$0	Prior authorization rules may apply. Contact Alameda Alliance Wellness for more details.
	Dialysis services	\$0	An Alameda Alliance for Health (Alliance) Case Manager and your primary dialysis center social worker can help you locate a dialysis center when you are traveling. Prior authorization and referral rules may apply. Contact Alameda Alliance Wellness for more details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	Medicare covered podiatry visits are limited to foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Prior authorization rules and referral requirements may apply.
	Orthotic services	\$0	Prior authorization rules may apply.
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 <i>Member Handbook</i>.	Wheelchairs, crutches, and walkers	\$0	Provided when medically necessary and prescribed by a licensed provider. Prior authorization rules may apply. Contact Alameda Alliance Wellness for more details.
	Nebulizers	\$0	Provided when medically necessary and prescribed by a licensed provider. Prior authorization rules may apply. Contact Alameda Alliance Wellness for more details.
	Oxygen equipment and supplies	\$0	Provided when medically necessary and prescribed by a licensed provider. Prior authorization rules may apply.
You need help living at home (continued on next page)	Home health services	\$0	Prior authorization rules and referral requirements may apply. Contact Alameda Alliance Wellness for more details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Prior authorization rules and referral requirements may apply. If you need additional assistance at home, contact Alameda Alliance Wellness for more details. There may be opportunities to apply for the IHSS program or other services. For information on how to get IHSS visit https://www.alamedacountysocialservices.org. Go to the “IHSS Recipient” page.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Prior authorization rules and referral requirements may apply. Contact Alameda Alliance Wellness for more details.
	Day habilitation services	N/A	Not a covered service.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Prior authorization rules and referral requirements may apply. In-Home Supportive Services (IHSS) will pay for caregiver services so you can remain safely in your own home. If you need additional assistance at home, contact Alameda Alliance Wellness for details. There may be opportunities to apply for the In-Home Supportive Services (IHSS). For information on how to get IHSS visit https://www.alamedacountysocialservices.org.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Go to the “IHSS Recipient” page
Additional services (continued on next page)	Chiropractic services	\$0	Limited to the treatment of the spine by manual manipulation. Limited to a maximum of two (2) services per month, or combination of two (2) services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy. Our plan may approve additional services as medically necessary. Prior authorization rules and referral requirements may apply.
	Diabetes supplies and services	\$0	Prior authorization rules may apply.
	Nurse Advice Line	\$0	Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away. Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition. Call toll-free at 1.888.433.1876 (TTY: 711) through the Medi-Cal benefit.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	Prosthetic services	\$0	Prior authorization rules may apply.
	Radiation therapy	\$0	Prior authorization rules and referral requirements may apply.
	Services to help manage your disease	\$0	
	Teladoc	\$0	Our plan offers the option of getting certain telehealth services, including physician and practitioner services to treat non-emergency conditions under General Medicine, Dermatology and Mental Health by phone or video through the Medi-Cal benefit. If you choose to get one of these services by telehealth, you must use a network provider who offers the service by telehealth. Teladoc provides physician consultations by phone or video from the comfort of your own home 24 hours a day, 7 days a week. Call toll-free at 1.800.835.2362 or by scheduling a video chat on the Teladoc app to treat non-emergency medical issues.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	California Integrated Care Management (CICM)	\$0	Integrated care coordination for any of the following populations: • Adults experiencing homelessness • Adults at risk for avoidable hospital or emergency department utilization • Adults with serious mental health and/or substance use disorder (SUD) needs • Adults transitioning from incarceration • Adults living in the community and at risk for long-term care (LTC) institutionalization • Adult nursing facility residents transitioning to the community • Adults who are pregnant or postpartum and subject to racial and ethnic disparities <i>(as defined by California public health data on maternal morbidity and mortality)</i> • Adults with documented dementia needs Contact a care coordinator using the phone number on your ID card to receive CICM.

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 Alameda Alliance Wellness *Member Handbook*. If you don't have a *Member Handbook*, call Alameda Alliance Wellness Member Services 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.alamedaalliance.org/alliancewellness.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit www.alamedaalliance.org/alliancewellness.

D. Benefits covered outside of Alameda Alliance Wellness

There are some services that you can get that aren't covered by Alameda Alliance Wellness but are covered by Medicare, Medi-Cal, or a State or county 'agency'. This isn't a complete list. Call Member Services 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 Dental Managed Care (DMC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation . For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1.800.322.6384 or visit the website at https://smilecalifornia.org or https://sonriecalifornia.org .	\$0
Certain hospice care services covered outside of Alameda Alliance Wellness	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0
Multipurpose Senior Services Program (MSSP)	\$0
Specialty mental health (SMH)	\$0
Assisted Living	\$0
Substance User Disorder Services (SUD)	\$0
In-Home Supportive Services (IHSS)	\$0
Regional Center Services	\$0
Prescriptions covered by Medi-Cal RX	\$0



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E. Services that Alameda Alliance Wellness, Medicare, and Medi-Cal don't cover

This isn't a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services Alameda Alliance Wellness, Medicare, and Medi-Cal don't cover	
In vitro fertilization (IVF) including, but not limited to infertility studies or procedures to diagnose or treat infertility	
Fertility preservation	
Experimental services unless part of a clinical trial	
Vehicle modifications	
Cosmetic surgery	



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F. Your rights as a member of the plan

As a member of Alameda Alliance Wellness, 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. Alameda Alliance Wellness 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



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- 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 Alameda Alliance Wellness 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.



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

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

If you have a complaint or think Alameda Alliance Wellness 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 Alameda Alliance Wellness, ATTN: Grievances and Appeals, 1240 South Loop Road, Alameda, CA 94502. 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 Alameda Alliance Wellness Member Services at the numbers listed at the bottom of this page.

For complaints, grievances and appeals, you may also use the Department of Managed Health Care's Independent Medical Review (IMR) and Complaint process by: Phone: 1-888-466-2219 TTY: 1-877-688-9891



If you have questions, please call Alameda Alliance Wellness at **1.888.88A.DSNP (1.888.882.3767)**. TTY users can call **1.800.735.2929**. We are open seven (7) days a week, 8 am – 8 pm. The call is free. **For more information**, visit **www.alamedaalliance.org/alliancewellness**.

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



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If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call Alameda Alliance Wellness Member Services: **1.888.88A.DSNP (1.888.882.3767)**

Calls to this number are free. We are open seven (7) days a week, 8 am – 8 pm. Member Services also has free language interpreter services available for non-English speakers. TTY: **1.800.735.2929**

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. We are open seven (7) days a week, 8 am – 8 pm.

If you have questions about your health:

Call your 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 Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room). The numbers for the Nurse Advice Line are: **1.888.433.1876**.

Calls to this number are free. 24 hours a day, every day of the year.

Alameda Alliance Wellness also has free language interpreter services available for non-English speakers. TTY: **711**

Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line at 1.888.88A.DSNP (1.888.882.3767) or text 988. TTY: 711

Calls to this number are free. 24 hours a day, 7 days a week.

Alameda Alliance Wellness also has free language interpreter services available for non-English speakers. TTY: **711**.

