



We heal and inspire the human spirit.

To: Medicare PCPs, Specialists, Vision Providers & IPAs
From: IEHP – Provider Relations
Date: February 5, 2026
Subject: **REMINDER: 2026 IEHP DualChoice (HMO D-SNP) Plan Benefits**

Thanks for your partnership in the IEHP DualChoice (HMO D-SNP) plan! Our network makes the difference.

This is a reminder that IEHP DualChoice (HMO D-SNP) Members receive great benefits! Medi-Medi's can enroll any month!

2026 Benefits	
Prescription Copays	<ul style="list-style-type: none">• Some of your prescription drugs may have \$0 copays• If you do have a copay, the amount is dependent on your “Extra Help (LIS)” level Visit our webpage to learn more: https://www.iehp.org/en/browse-plans/dualchoice/2026-plan-benefits
Vision	<ul style="list-style-type: none">• \$350 for frames or contact lenses and one routine eye exam per year• Lenses for eyeglasses are fully covered based on medical need• Member may opt for contact lenses in lieu of glasses. The \$350 allowable will be applied to the contact lens.
Over The Counter Items	\$60 per quarter (every three months) toward the purchase of approved over-the-counter items
Transportation	Unlimited transportation to and from medical visits, including dental visits and pharmacies. *This is a Medi-Cal benefit

A full summary of the 2026 benefits is available at: [IEHP – 2026 Plan Benefits](#) or [IEHP.org](#) > Browse Plans > IEHP DualChoice > 2026 Plan Benefits

Your Members with both Medi-Cal and Medicare can enroll in IEHP DualChoice at any time. Please let your eligible patients know that they can enroll by calling IEHP DualChoice at 1-800-741-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-IEHP (4347).

As a reminder, all IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org