

The Pulse

The Art of Health Care:

Meet Riverside Muralist
Juan Navarro (page 3)

PLUS



Get the flu shot,
not the flu



Health care for
your newborn



Health plans
for ALL!

IEHP Formulary: WHAT YOU NEED TO KNOW



Our formulary is a list of covered drugs for your plan. It helps make sure we offer you safe drugs that work well. While many of your drugs are covered by Medi-Cal Rx, some may be covered by IEHP. Your doctor can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.

To find out if a drug is on the Contract Drug List or to get a copy of it:

- Call Medi-Cal Rx at **1-800-977-2273**. Press **7** for TTY.
- Visit Medi-Cal Rx online at www.Medi-CalRx.dhcs.ca.gov/home/

Note: The Drug List may change year-round.

What if your drug is not covered?

Call your doctor's office and ask for help. Your doctor may:

- Change your drug to one that is covered.
- Decide your drug is "medically necessary" and fill out a Prior Authorization (PA) form.
- If a PA is needed, your doctor will send the proper forms to your pharmacy.

To learn more, please see your Member Handbook. You may also call IEHP Member Services at **1-800-440-IEHP (4347)**, M-F, 7 a.m.- 7 p.m., and Sat-Sun, 8 a.m.- 5 p.m. TTY users should call **1-800-718-IEHP (4347)**.

2023
People
COMPANIES
THAT CARE

IEHP has been named one of the 100 Companies That Care® by PEOPLE Magazine, ranking No. 87 on the national list. PEOPLE's annual list spotlights companies that go above and beyond to "honor their employees, uplift their communities and make the world a better place." The list includes companies like Comcast, NBC Universal, Target Corporation and CarMax.

Our Mission Moments

IEHP teams up with Riverside muralist Juan Navarro

At IEHP, we heal and inspire the human spirit. Riverside-based muralist Juan Navarro hopes to do the same with his art. Navarro, who recently visited the White House as a National Medal recipient, is the artist-in-residence at Riverside Art Museum. Inspired by his Mexican American roots, Navarro leaves his mark on communities and organizations serving diverse populations with each swipe of his paint brush. He has more than 15 public works on display in communities like Riverside and is the owner and operator of Eastside Arthouse. That's why we were so excited for

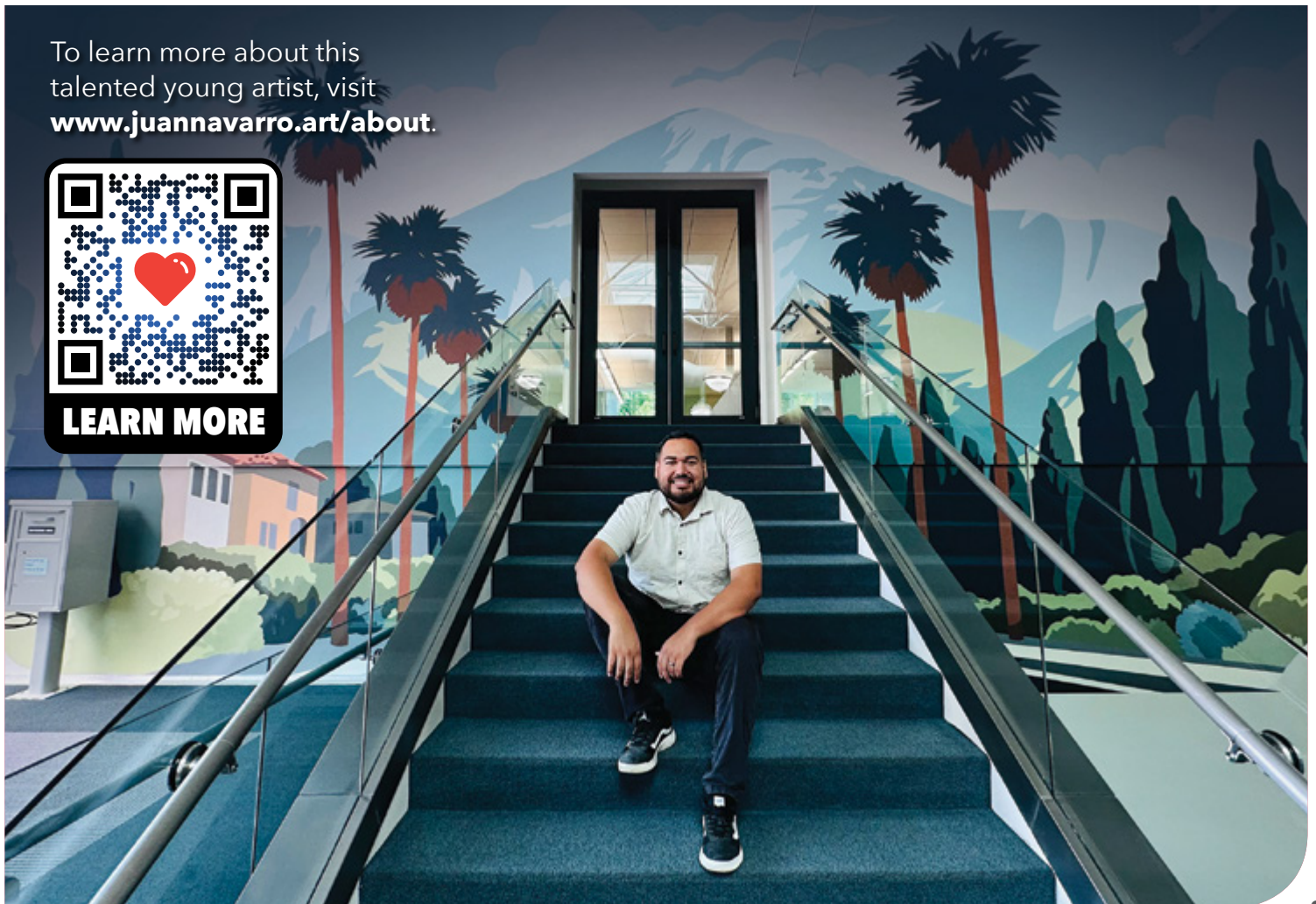
the chance to work with him to create several full-scale murals at our headquarters in Rancho Cucamonga – murals that celebrate the tapestry that makes the Inland Empire so special. The first mural is now complete in a central part of our headquarters – known as the atrium – where hundreds of people visit daily.

“We went through a lot of different versions of topics,” Navarro said, “but this one [an homage to a tree-lined street in Riverside] was the best fit for this space, and we decided to focus on the regions IEHP serves across Riverside and San Bernardino counties.”

To learn more about this talented young artist, visit www.juannavarro.art/about.



LEARN MORE



Get the Shot NOT THE FLU



The Centers for Disease Control and Prevention (CDC) recommends the flu shot each year for everyone 6 months old and older, with few exceptions. For those who are at high risk for complications, a flu shot is vital. This includes people who are pregnant, 65 and older, and residents of nursing homes and long-term care facilities.

All IEHP members can get a FREE flu shot from their doctor. Adult members can also get their free flu shot at certain network pharmacies, like CVS, Rite Aid and Walgreens. Just be sure to call first to set up your visit. Also, if you get your flu shot at work or from a clinic outside our network, please be sure to tell your doctor, so your records can be updated.

If you do get the flu but can't reach your doctor, call the IEHP 24-Hour Nurse Advice Line anytime at **1-888-244-IEHP (4347)**. TTY users should call **711**.

Mental Health Rights

You have rights as a patient when it comes to mental health services to:

- Be treated with respect and dignity
- Have your privacy protected
- Understand treatment options and alternatives
- Receive services appropriate for your age and culture
- Get care that does not discriminate based on your age, gender, race, religion, sexual orientation, or type of illness

Scan the QR code to the right to learn more about your mental health rights and responsibilities in your Member Handbook.



LEARN MORE

Use your **FREE** **HEALTH AND WELLNESS BENEFITS**



IEHP offers free health and wellness programs and classes as part of your covered benefits. Join us for in-person or virtual classes to help improve your physical, mental and social well-being.

What will you learn?

- Senior health
- Prenatal care
- Healthy Living
- Managing a chronic illness (asthma, diabetes and high blood pressure)
- Early childhood and well-baby
- Weight management

Follow these steps to opt in:

Step 1: Scan the QR code to visit our calendar of events.

Step 2: Find the class you want to take. Then click the registration link to enroll.

Step 3: Complete the form to enroll. You will get an email to confirm for online classes and a mailed letter for in-person classes.

Other ways to register

Register online from your My IEHP Health Account (or create a new one) at bit.ly/IEHP_login. If you don't have internet access, call Member Services.



Get health coverage for your baby.

Your baby only has health coverage under your insurance for **the month of birth and the month after**. Please don't wait. Get your baby's own health coverage set up right away.

STEP 1: Enroll Your Baby in Medi-Cal

Call your local Medi-Cal office to enroll.

Add the baby to mom's case (if this applies to you):

- **Riverside County:** 1-877-410-8827
Find your district office: <https://bit.ly/47o6TRQ>
- **San Bernardino County:** 1-877-410-8829
Find your district office: <https://bit.ly/3MB1qS5>

You can also set up an account online with www.BenefitsCal.com.

STEP 2: Enroll Your Baby in IEHP

Call IEHP Enrollment Services at 1-866-294-4347, Monday-Friday, 8 a.m.-5 p.m. 1-800-720-4347 for TTY. You may also call Health Care Options at 1-800-430-4263 (1-800-430-7077 for TTY) or visit: www.healthcareoptions.dhcs.ca.gov.

STEP 3: Choose Your Baby's Doctor

After enrolling your child with IEHP, use the "Find a Doctor" search at IEHP.org.

HPV Vaccine for Preteens and Teens.

Human papillomavirus (HPV) is a group of viruses that can infect anyone. These common viruses infect about 13 million people every year. Some HPV infections can lead to certain types of cancer.

The vaccination against HPV can be given as early as 9 years of age and protects against cancers caused by the HPV infection. If your child is 11 to 12 years old and hasn't gotten the HPV vaccine yet, talk to their doctor today about setting up a visit.

Their Health STARTS WITH YOU

Is your child missing school for medical needs? IEHP can help.

We know how hard you work and how much you sacrifice for your children. So, when your kids miss school because they're sick, not only do their studies suffer, you miss work – or worse, you may even lose your job. That's one reason why IEHP's Health Navigator program has teamed up with some public schools in San Bernardino and Riverside counties – to help families in our community get the health care and resources they need.

You don't have to do it alone.

An IEHP Health Navigator works closely to support the school's staff and families like yours. They can help you understand your health benefits and assist your children in accessing quality medical care, behavioral health, wellness services and more at no cost.

An IEHP Health Navigator also assists students and their family members by serving as health care advocates. This means calling providers on your behalf, and even going with you to your health care visits.

To download the Health Navigator referral form from IEHP, visit <https://bit.ly/3FQyUWs>.



Questions about pregnancy and your baby?

The Baby-N-Me App will guide you through your pregnancy and your baby's first two years. To download the app for FREE, scan the QR code or text "baby" to 1-844-649-3799 for a link.



HEALTH PLANS FOR ALL!

If you ever lose your health coverage, don't worry.



No-cost health coverage for qualified IE residents with Medi-Cal:

- Care from more than 8,000 providers and specialists
- Care coordination
- Vision, dental and transportation benefits
- Immigration status does not matter

No-cost integrated plan for those with both Medi-Cal and Medicare:

- Full coverage plan includes doctors, hospitals, pharmacies, long-term services and supports, behavioral health and more
- Care coordination
- Personal care teams

Lowest cost private health coverage for those who don't quite qualify for Medi-Cal:

- Lowest cost Silver plan in the region (as low as \$10 a month)
- Care from more than 5,000 providers and specialists

Which plan is right for you?

Visit our new website www.iehp.org to browse our plans.



NONDISCRIMINATION NOTICE

Discrimination is against the law. Inland Empire Health Plan (IEHP) follows State and Federal civil rights laws. IEHP 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.

IEHP provides:

- Free aids and services 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 to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact IEHP Member Services at **1-800-440-IEHP (4347)**, Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm, including holidays. If you cannot hear or speak well, please call **1-800-718-4347**. 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:

Inland Empire Health Plan
10801 6th St., Rancho Cucamonga, CA
91730-5987
1-800-440-4347 (TTY: **1-800-718-4347**/California Relay 711)

HOW TO FILE A GRIEVANCE

If you believe that IEHP 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 IEHP's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact IEHP's Civil Rights Coordinator between 8am-5pm, by calling **1-800-440-4347**. Or, if you cannot hear or speak well, please call TTY: **1-800-718-4347**/California Relay 711.
- In writing: Fill out a complaint form or write a letter and send it to:
 - IEHP's Civil Rights Coordinator
 - 10801 6th St., Rancho Cucamonga, CA
 - 91730-5987
- In person: Visit your doctor's office or IEHP and say you want to file a grievance.
- Electronically: Visit IEHP's website at ***www.iehp.org***.

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.

OFFICE OF 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>



AVISO DE NO DISCRIMINACIÓN

La discriminación es ilegal. Inland Empire Health Plan (IEHP) cumple las leyes de derechos civiles estatales y federales aplicables. IEHP no discrimina ilegalmente ni excluye a las personas o las trata de manera diferente por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

IEHP ofrece:

- Ayuda y servicios gratuitos a personas con discapacidad para ayudarles a comunicarse mejor, como:
 - ✓ Intérpretes calificados de lenguaje de señas
 - ✓ Información por escrito en otros formatos (impresa en letra grande, audio, formatos electrónicos accesibles y otros formatos)
- Servicios de idiomas sin costo a personas cuyo idioma principal no sea el inglés, como:
 - ✓ Intérpretes calificados
 - ✓ Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios para Miembros de IEHP al **1-800-440-IEHP (4347)**, de lunes a viernes de 7am-7pm, y sábado y domingo de 8am a 5pm, incluidos días festivos. Si tiene dificultad para escuchar o hablar, llame al **1-800-718-4347**. Si lo solicita, puede tener disponible este documento en braille, impreso en letra grande, cinta de audio o formato electrónico. Para obtener una copia en alguno de estos formatos alternos, llame o escriba a:

Inland Empire Health Plan

10801 6th St., Rancho Cucamonga, CA

91730-5987

1-800-440-4347 (TTY: **1-800-718-4347**/Servicio de retransmisión de California 711)

CÓMO PRESENTAR UNA QUEJA FORMAL

Si considera que IEHP no le ha proporcionado estos servicios o que lo ha discriminado ilegalmente de alguna otra forma por motivos de sexo, raza, color, religión, ascendencia, nacionalidad, identificación con grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, puede presentar una queja formal ante el coordinador de derechos civiles de IEHP. Puede presentar una queja formal por teléfono, por escrito, en persona o en línea:

- Por teléfono: Comuníquese con el coordinador de derechos civiles de IEHP de 8am-5pm (Hora del Pacífico) llamando al **1-800-440-4347**. O, si no puede escuchar o hablar bien, llame a la línea TTY **1-800-718-4347**/Servicio de retransmisión de California 711.
- Por escrito: Llene un formulario de quejas o escriba una carta y envíela a:
 - IEHP's Civil Rights Coordinator
 - 10801 6th St., Rancho Cucamonga, CA
 - 91730-5987
- En persona: Vaya al consultorio de su médico o a IEHP y diga que quiere presentar una queja.
- En línea: Visite el sitio web de IEHP en www.iehp.org.

OFICINA DE DERECHOS CIVILES – DEPARTAMENTO DE SERVICIOS DE SALUD DE CALIFORNIA

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Salud de California por teléfono, por escrito o en línea:

- **Por teléfono:** Llame al **(916) 440-7370**. Si no puede hablar o escuchar bien, llame al 711 (Servicio de retransmisión de telecomunicaciones).

- **Por escrito:** Llene un formulario de quejas o envíe una carta a:

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

Los formularios de quejas están disponibles en:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **En línea:** Envíe un correo electrónico a **CivilRights@dhcs.ca.gov**.

OFICINA DE DERECHOS CIVILES – DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS ESTADOS UNIDOS

Si considera que ha sido discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. por teléfono, por escrito, o en línea:

- **Por teléfono:** Llame al **1-800-368-1019**. Si no puede hablar o escuchar bien, llame a la línea TTY/TDD al **1-800-537-7697**.

- **Por escrito:** Llene un formulario de quejas o envíe una carta a:

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

Los formularios de quejas están disponibles en: **<http://www.hhs.gov/ocr/office/file/index.html>**.

- **En línea:** Visite el Portal de Quejas de la Oficina de Derechos Civiles en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**.

English Tagline

ATTENTION: If you need help in your language call **1-800-440-4347 (TTY: 1-800-718-4347)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-440-4347 (TTY: 1-800-718-4347)**. These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-800-440-4347 (TTY: 1-800-718-4347)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-800-440-4347 (TTY: 1-800-718-4347)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-440-4347 (TTY: 1-800-718-4347)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-800-440-4347 (TTY: 1-800-718-4347)**: Այդ ծառայություններն անվճար են:

ប្រាសាទខ្មែរ (Cambodian)

ចំណាំ : បើអ្នក រក្សា ការជំនួយ ជាភាសា របស់អ្នក ស្រ ទូរស័ព្ទ ទៅលេខ **1-800-440-4347 (TTY: 1-800-718-4347)**។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារស រេសរជាអកសរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសេរសរជាអកសរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទ មេកលេខ **1-800-440-4347 (TTY: 1-800-718-4347)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-800-440-4347 (TTY: 1-800-718-4347)**。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 **1-800-440-4347 (TTY: 1-800-718-4347)**。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-800-440-4347 (TTY: 1-800-718-4347)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-800-440-4347 (TTY: 1-800-718-4347)** تماس بگیرید. این خدمات رایگان

हिंदी टैगलाइन (Hindi)

ध्यान दें अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-800-440-4347 (TTY: 1-800-718-4347)** पर कॉल करें अशक्तता वाले लोगों के लिए सहायता और सेवाएं जैसे बरेल और बड़े पिरंट में भी दस्तावेज़ उपलब्ध हैं। **1-800-440-4347 (TTY: 1-800-718-4347)** पर कॉल करें सेवानिः शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-440-4347 (TTY: 1-800-718-4347)**. 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 **1-800-440-4347 (TTY: 1-800-718-4347)**. Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-800-440-4347 (TTY: 1-800-718-4347)** 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。 **1-800-440-4347 (TTY: 1-800-718-4347)** 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 **1-800-440-4347 (TTY: 1-800-718-4347)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-800-440-4347 (TTY: 1-800-718-4347)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-800-440-4347 (TTY: 1-800-718-4347)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ ເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕຮ່ວມໃຫຍ່ໃຫ້ໂທຫາເບີ **1-800-440-4347 (TTY: 1-800-718-4347)**. ການບໍລິການເຫຼົ່ານີ້ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-800-440-4347 (TTY: 1-800-718-4347)**. 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 **1-800-440-4347 (TTY: 1-800-718-4347)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-800-440-4347 (TTY: 1-800-718-4347)**. ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਦੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-800-440-4347 (TTY: 1-800-718-4347)**। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-440-4347 (линия TTY: 1-800-718-4347)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-800-440-4347 (линия TTY: 1-800-718-4347)**. Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-800-440-4347 (TTY: 1-800-718-4347)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-440-4347 (TTY: 1-800-718-4347)**. Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-440-4347 (TTY: 1-800-718-4347)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-440-4347 (TTY: 1-800-718-4347)**. Libre ang mga serbisyo ng ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ กรุณาโทรศัพท์ ไปที่หมายเลข **1-800-440-4347 (TTY: 1-800-718-4347)** นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์ และเอกสารที่พิมพ์ ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ ไปที่หมายเลข **1-800-440-4347 (TTY: 1-800-718-4347)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-440-4347 (TTY: 1-800-718-4347)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-440-4347 (TTY: 1-800-718-4347)**. Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-440-4347 (TTY: 1-800-718-4347)**. 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 **1-800-440-4347 (TTY: 1-800-718-4347)**. Các dịch vụ này đều miễn phí.






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1-800-718-IEHP (4347) for TTY users
Monday–Friday, 7 a.m.–7 p.m., and
Saturday–Sunday, 8 a.m.–5 p.m.

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Stay connected. Follow us!

California Department of Health Care Services (DHCS) Office of the Ombudsman

For help with Medi-Cal, you may call the California Department of Health Care Services (DHCS) Ombudsman Office at **1-888-452-8609**, Monday through Friday, 8 a.m. to 5 p.m., excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.