

# PULSE

## WELLNESS VISITS:

What to Expect

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## HOW TO GET CARE, Day or Night

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## MISSION MOMENTS:

IEHP Member  
Veronica B.'s  
Life-Saving  
Choice



# For More **MOMENTS**

*Like this*



**Schedule a  
wellness visit**

**IE**  **HP**



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**Get Care When  
You Need It!**

IEHP's 24-Hour  
Nurse Advice Line  
1-888-244-(IEHP) 4347  
TTY: 711



## IEHP Community Wellness Centers

Free health, fitness  
and wellness classes  
in your area.



### Our Mission Moments: A Life-Saving Choice

When Veronica B. was dropped  
by her health plan for moving  
out of their service area,  
she didn't know this  
simple mistake would  
save her life.

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# OUR MISSION MOMENTS

*A Life-Saving Choice*





***When Veronica B. was dropped by her health plan for moving out of their service area, she didn't know this simple mistake would save her life.***

Veronica B., a resident of Trona in San Bernardino County, contracted the Delta variant of COVID-19 and found herself in dire straits.

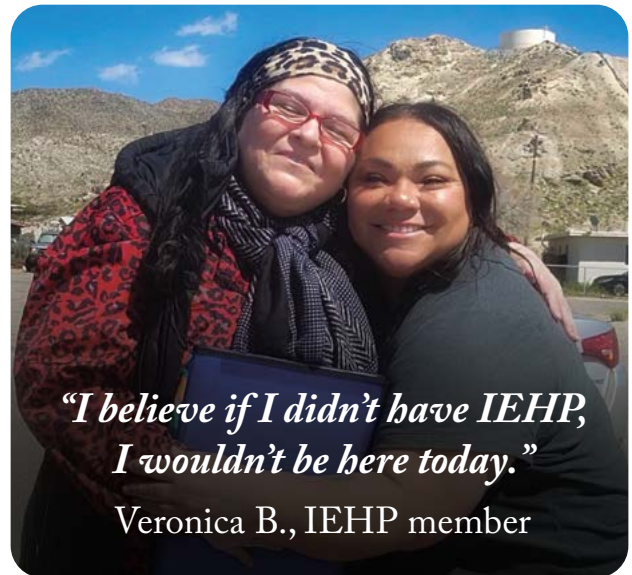
"My lips were blue, and I felt like I was drowning," she recalled. "All I could say was, 'Call 911.'"

Over the next eight months, Veronica was shuttled between hospitals, grappling with severe respiratory issues that left her on the brink of death.

"I was ready to code," Veronica explained, using the term for when a patient needs urgent, life-saving care. "They told my children to make arrangements."

The only treatment Veronica's providers could recommend was remdesivir – an antiviral medication used to treat COVID-19. However, she was told that because this was an experimental treatment, she may have a hard time getting it approved by insurance.

Thankfully, Veronica had enrolled with IEHP, which friends and family members had recommended after her previous plan dropped her for moving out of their service area. Little did she know that small mistake would save her life, because with IEHP, getting approval for the treatment wasn't even a question.



***"I believe if I didn't have IEHP, I wouldn't be here today."***

Veronica B., IEHP member

## **Partner On Road To Recovery**

Veronica got the treatment she needed. But, with severely weakened lungs and some paralysis, her recovery at the Inland Valley Rehabilitation Center, a skilled nursing facility, would take much longer than insurance coverage normally allowed. Although she was told an extension may be unlikely, IEHP approved the extra time and care she needed.

"Those extra 30 days IEHP provided me in rehab made a huge difference – just being able to walk and get around," Veronica said.

## **Here And Now**

Today, we're happy to report that Veronica no longer requires an at-home breathing machine or a wheelchair to get around. And while it's likely Veronica may never again reach the levels of health she enjoyed in her life before COVID-19, her health is miles beyond where it was even just a year ago – and her spirit is as strong as ever.

**Has IEHP amazed you?** Scan the QR code or visit <https://bit.ly/3O1GJfs> and share your story. If we use it, we'll send you a \$50 gift card.

# LEAVING THE HOSPITAL:

## What You Need to Know

When you or someone you love is discharged from the hospital, it can be very stressful.

That's why, when it's time to go home, your IEHP Care Manager will help you navigate the discharge process and be there for you for the next 30 days.

Make sure you stay in touch with your Care Manager, and schedule a follow-up visit with your doctor right away.

Following the discharge process can help you get better faster and avoid going back to the hospital.



# SAVE 20% ON YOUR MONTHLY GAS BILL

Did you know most IEHP members can save 20% off their monthly natural gas bill through the California Alternate Rates for Energy (CARE) program from SoCalGas?

To qualify for CARE, you must meet income eligibility **or** be enrolled in certain assistance programs, like Medi-Cal, Medicaid/Medi-Cal, Women, Infants & Children (WIC), CalFresh and more.

To apply, visit [socalgas.com/care](https://socalgas.com/care) or scan the QR code.

If you're behind on your gas bill payments, you may still be eligible. Visit [socalgas.com/Forgiveness](https://socalgas.com/Forgiveness) to learn more.







# ASK THE DOCTOR

**Q** Why do vaccines start so early in life?

**A** Children are susceptible to diseases at a young age. The recommended vaccine schedule helps provide protection before they encounter life-threatening diseases. See page 8 for the vaccine schedule for children 18 years old and younger.  
**Schedule your visit today.**

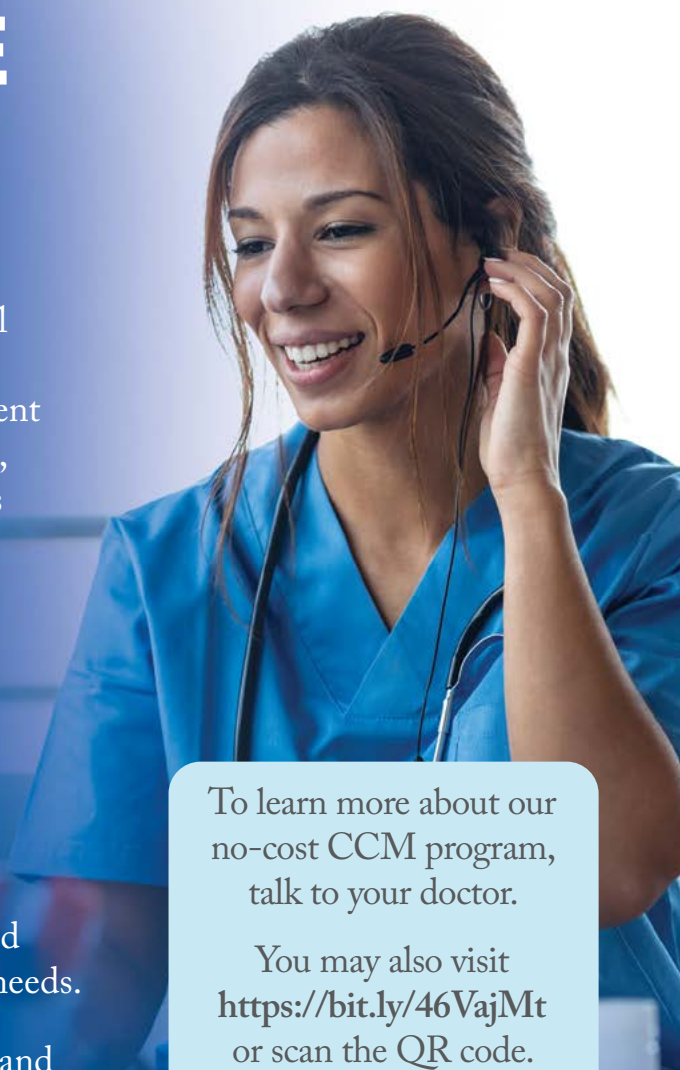
## COMPLEX CARE MANAGEMENT

### From IEHP

Do you need help managing your illness or mental health? Do you need assistance coordinating care with your doctors? Our Complex Care Management (CCM) program was designed to assist Medi-Cal, DualChoice and IEHP Covered (CCA) members who are ill. This program helps members with serious illnesses, such as heart disease, lung disease, kidney disease, AIDS, hepatitis C, spinal injury, or any other chronic, uncontrolled conditions. Additionally, our program supports members with complex mental health needs.

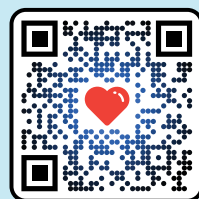
The Complex Care Management program is an interdisciplinary team (ICT), consisting of your Primary Care Doctor, Complex Care Manager, and other professionals who support your health care needs.

Our Care Management Team will work with you and your doctor to make sure you get the care you need. We can help you manage your illness and medications, coordinate care, and get needed medical equipment and supplies. We work with your providers to help you access the services and resources you need.



To learn more about our no-cost CCM program, talk to your doctor.

You may also visit <https://bit.ly/46VajMt> or scan the QR code.



# ENHANCED CARE MANAGEMENT



*Expands*





Enhanced Care Management (ECM) is a no-cost Medi-Cal benefit that helps coordinate the care you get from different doctors. This includes your primary care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS) and referrals to community resources. You can get support by phone, in person and we may even come to your location.

ECM does not change any of your benefits, and you may opt in or out at any time. You keep your current providers, and you get help to:

- Find doctors and get appointments for all health needs.
- Improve your health by working with you and your doctor on your doctor's care plan.
- Arrange transportation to doctors' visits.
- Get follow-up services after you leave the hospital.
- Manage your medicines.
- Connect to local resources, such as food or other social services.

**On Jan. 1, 2024, the Department of Health Care Services (DHCS) expanded ECM eligibility to more people with complex care and needs, including:**

- Those transitioning from incarceration
- Those who are pregnant or who have given birth within 12 months

If you qualify, you may be contacted about ECM services. You may also ask your doctor about ECM or call Member Services at 1-800-440-IEHP (4347), Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm. TTY users should call 1-800-718-4347.



## CONNECT TO FREE LOCAL RESOURCES

ConnectIE is a FREE one-stop website where you can find low-cost and no-cost community resources you might need, like:



- Food pantries
- Rental assistance
- Transportation
- Education
- Job training
- Health care
- And much more!

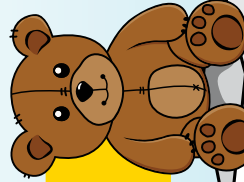
### HOW DOES IT WORK?

1. Visit [www.ConnectIE.org](http://www.ConnectIE.org)
2. Enter your ZIP code in the search bar.
3. Click "Search."

That's it! Start browsing for free and low-cost resources in your area.



# IMMUNIZATION TIMING 2024



Between 0-6 months, one dose of RSV vaccine may be needed for some babies.

<b>At Birth</b>	<b>HepB</b> (Hepatitis B)								
<b>Age 0-2 months</b>	<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)	<b>Polio</b> (IPV)	<b>HepB</b> (Hepatitis B) 1-2 months	<b>Hib</b> (Hib meningitis)	<b>PCV</b> (Pneumo)	<b>RV</b> (Rotavirus)			

<b>Age 4 months</b>	<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)	<b>Polio</b> (IPV)	<b>Hib</b> (Hib meningitis)	<b>PCV</b> (Pneumo)	<b>RV</b> (Rotavirus)				
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<b>Age 6 months</b>	<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)	<b>Polio</b> (IPV)	<b>HepB</b> (Hepatitis B)	<b>PCV</b> (Pneumo)	<b>RV</b> (Rotavirus)				
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<b>Age 12 months</b>	<b>HepA</b> (Hepatitis A)	<b>MMR</b> (measles, mumps, and rubella)	<b>Hib</b> (Hib meningitis)	<b>PCV</b> (Pneumo)	<b>Varicella</b> (Chicken Pox)				
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<b>Age 4-6 years</b>	<b>DTaP</b> <b>Polio</b> (IPV) <b>MMR</b> <b>Varicella</b>	<b>Age 11-12 years</b>	<b>Tdap</b> <b>HPV</b> (2 doses) <b>MenACWY</b> (Meningitis)	<b>Age 16-18 years</b>	<b>MenACWY</b> (Meningitis) <b>MenB</b>
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Please ask your doctor how far apart to have the vaccines.  
For more information, visit: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

**COVID-19 vaccination is recommended for ages 6 months and older.**

Keep your child safe from the flu.

Everyone 6 months and older should get the flu vaccine. To best protect your child, get them the flu vaccine during the fall season.



<b>Age 15 months</b>	<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)	<b>Age 18 months</b>	<b>HepA</b> (Hepatitis A)
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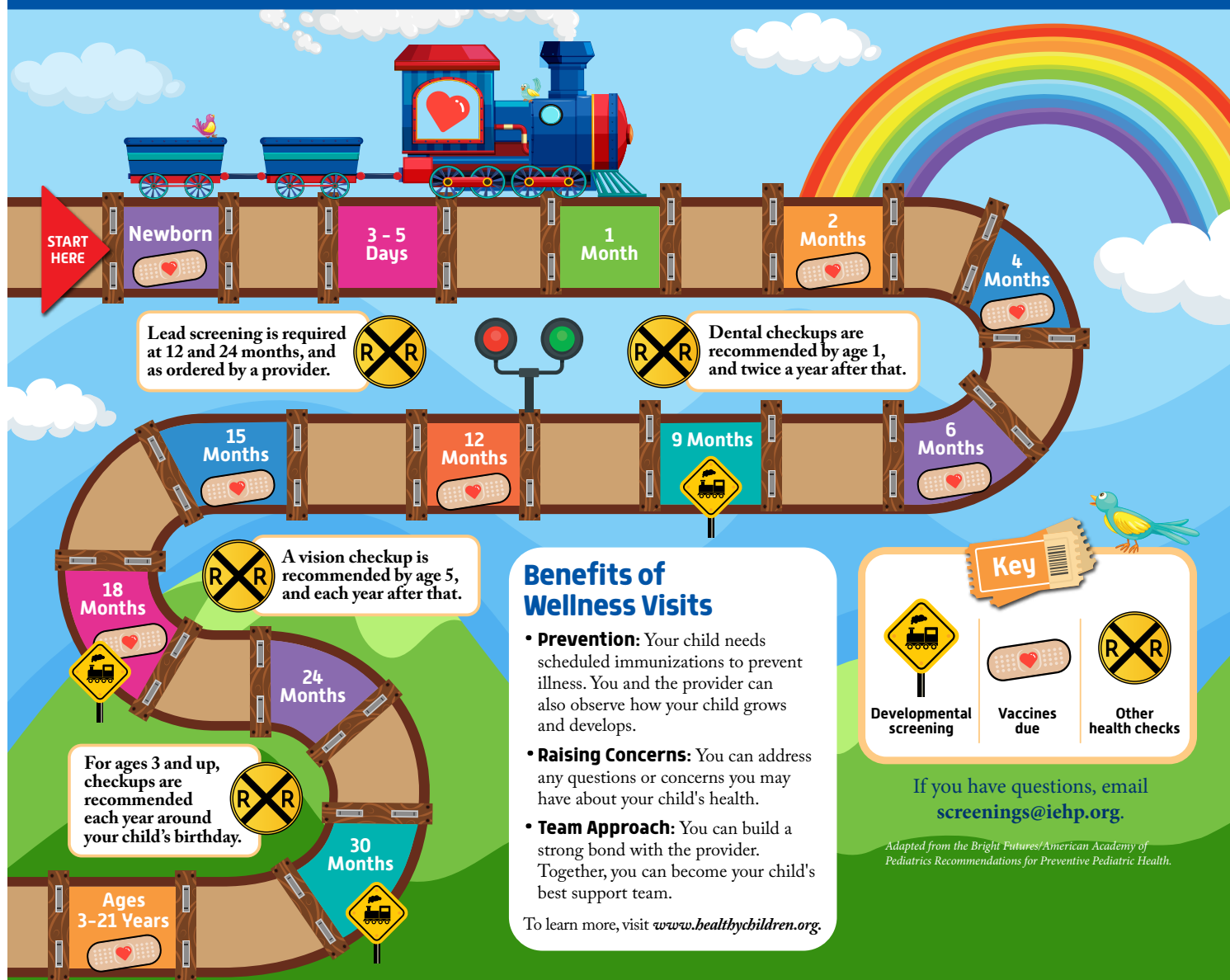


**CALIFORNIA KIDS**  
Love them. Immunize them.



# YOUR CHILD'S WELLNESS JOURNEY

Well-child visits help babies, children and teens get the care they need when they need it. All aboard! Follow each scheduled doctor's visit on your child's journey to wellness.



## MEDI-CAL AND FOSTER CARE

Did you know that foster care youth, on their 18th birthday or later, may qualify for free Medi-Cal coverage until their 26th birthday? For coverage right away, call your local county office or IEHP Enrollment at 1-866-294-IEHP (4347), Monday-Friday, 8am-5pm. TTY users should call 1-866-718-4347.



# *What to Expect* **AT YOUR WELLNESS VISIT**

Making sure you see your doctor for your yearly wellness (or well-care) visit is a great way to stay healthy and prevent health problems. That's because the wellness visit is more than your annual physical exam.

During your visit, your doctor will ask you to fill out a special questionnaire called a "Health Risk Assessment." Answering these questions can help your doctor work with you to develop or update a personal prevention plan to help you stay healthy.

Your wellness visit may also include:

- Routine measurements (like height, weight and blood pressure)
- A review of your medical and family history
- A review of your current medicines
- Personalized health advice
- Advance care planning
- A cognitive and functional assessment
- And more...

Don't wait until you get sick. Call your doctor today and schedule a wellness visit.



# VACCINES FOR ADULTS

Adults need vaccines at certain times to help prevent diseases that could be serious. Talk to your doctor about the ones that are right for you. See the list below for vaccines the CDC recommends for your age.

Vaccine	19-25 Years	27-49 Years	50-64 Years	65+ Years
COVID-19	At least 1 dose of an updated COVID-19 vaccine			
Influenza/Flu	Every year			
RSV	If pregnant during RSV season			If 60 years or older
Tdap or Td	Tdap every pregnancy. Td/Tdap every 10 years for all adults.			
MMR				
Chickenpox	If U.S.-born and 43 years old or younger			
Shingles				
HPV	27-45 years			
Pneumococcal				
Hepatitis A				
Hepatitis B	Through 59 years old			
Meningococcal				
Hib				
Mpox				



ALL adults in age group should get the vaccine.

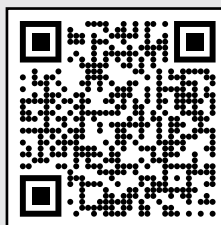


SOME adults in age group should get the vaccine.



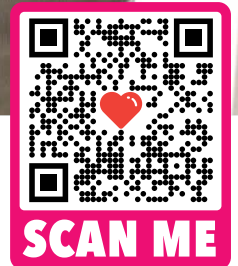
Adults should ask their doctor if this vaccine is right for them.

Scan QR Code to learn more about which vaccines you may need or visit:  
[www.cdc.gov/vaccines/tool/adult.html](https://www.cdc.gov/vaccines/tool/adult.html)



Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention: [www.cdc.gov](https://www.cdc.gov)

# FREE PREGNANCY CARE RESOURCES



Our Start Well program offers free resources to support pregnant members. To access these tools and more, scan the QR code with your phone or visit [IEHP.org](https://IEHP.org) and search “pregnancy.”



## FIRST TRIMESTER

- **The Doula Access program:** IEHP and Riverside Community Health Foundation provide free doula services.
- **Baby-N-Me App:** Track your due date, get reminders for doctor’s visits, complete a screening for postpartum depression and more.



## SECOND TRIMESTER

- **My Choices for Labor and Birth Booklet:** Make the right choices for you and your baby.
- **My Job and My New Baby Booklet:** Know your rights as a new parent in California.



## THIRD TRIMESTER

- **Loving Support:** Get access to free nursing support, breast pumps, support groups and more.



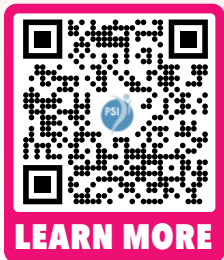
# POSTPARTUM SUPPORT

## BREAST PUMPS

Eligible members can get manual, electric or hospital-grade breast pumps. Ask your doctor to submit a request.

## POSTPARTUM SUPPORT INTERNATIONAL

This organization provides resources for women and families such as weekly online support groups, helplines and reading material. To learn more, visit [www.postpartum.net/get-help/](http://www.postpartum.net/get-help/).



## MEDI-CAL APPLICATION FOR YOUR NEWBORN

Submit your newborn's application as soon as you can. The newborn is covered under your health coverage the month they are born, plus the first month after.

To apply for Medi-Cal for your baby, call 1-866-294-IEHP (4347), Monday-Friday, 8am-5pm. TTY users should call 1-800-720-4347. You may also call Health Care Options at 1-800-430-4263 or visit [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov). TTY users should call 1-800-430-7077.





# HOW TO GET CARE DAY OR NIGHT

## TELEHEALTH:

### Avoid Delays in Care

Many IEHP doctors (including Behavioral Health) offer telehealth visits – and they are easy to set up. Just call or message your doctor's office to see if telehealth is offered and schedule your visit.

#### WHY SET UP A TELEHEALTH VISIT?

- It saves you a trip to the doctor's office.
- It's easy to access using a phone or computer.
- A video visit can be done from anywhere with internet access.
- It helps keep you safe and secure (and limits the spread of sickness).
- It ensures you continue to get the care you need.

#### WHAT IS NEEDED?

- For a telephone visit, all you need is a landline or mobile phone.
- For a video visit, you'll need access to a computer, tablet or smartphone with a camera, speaker, microphone and internet access.





When you have health care needs, **you should always try to see your primary care doctor first.** If it's after-hours or your doctor is not available, don't worry. You have many options to get the care you need.

## **1 24/7 NURSE ADVICE LINE**

Call IEHP's 24-Hour Nurse Advice Line, 24/7, including holidays, at 1-888-244-IEHP (4347). TTY users should call 711.

- Our nurses can offer you medical advice over the phone or guide you to other services.
- If our nurses decide you need to talk with a doctor, they will connect you for a live phone chat or a virtual visit through an app.

## **2 URGENT CARE**

Visit an IEHP Urgent Care Clinic. With more than 90 centers in our network, you can see a doctor the same day.

- Many clinics are open late, on weekends and on holidays.
- Some clinics have X-rays and lab tests.

## **3 EMERGENCY ROOM**

Go to the ER or call 911. The ER provides care for critical or life-threatening conditions 24/7, including holidays.

- If your injury or illness is life-threatening or could cause permanent disability, call 911 or go to the closest ER.



\* Not all IEHP doctors provide telehealth visits.

Call your doctor's office first. Your doctor will decide what's best for your health care needs.

# MY LIFE. MY CHOICE.

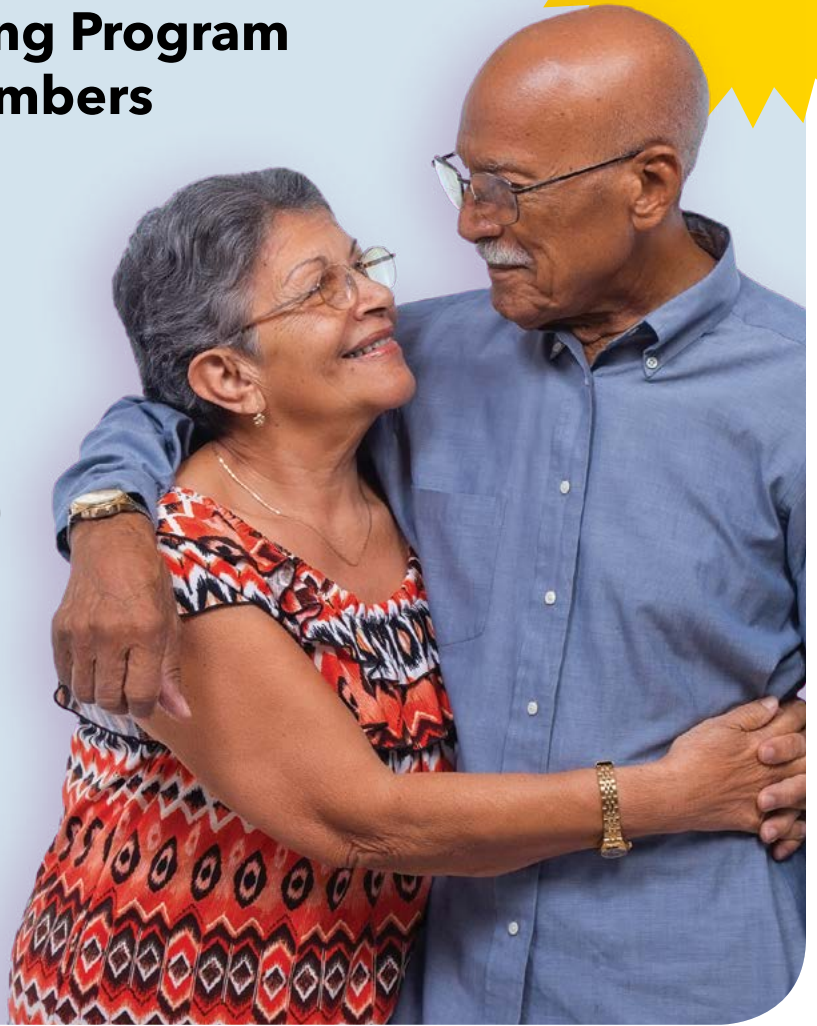
## An Advance Care Planning Program for IEHP DualChoice Members



An Advance Care Directive (ACD) is a legal form that all adults should have. This form helps guide future medical care if you are not able to speak for yourself. It ensures the choices you make about your health care are respected.

As an IEHP DualChoice (HMO D-SNP) member, you have free access to MY LIFE. MY CHOICE. An Advance Care Planning program just for you. Simply fill out the online advance care directive forms and share them with your doctor.

Get MY LIFE. MY CHOICE. through the IEHP member portal or by attending an in-person workshop.



### REGISTER ONLINE:

1. Log in to the member portal at [IEHP.org](http://IEHP.org).
2. Click the Health & Wellness icon.
3. Choose MY LIFE. MY CHOICE.
4. Follow the steps to begin your Advance Care Planning.

OR



### REGISTER FOR AN IN-PERSON WORKSHOP:

1. Log in to the member portal at [IEHP.org](http://IEHP.org).
2. Click the Health & Wellness icon.
3. Choose "Senior Health" for a list of workshops with dates and names.
4. Choose the workshop you want to attend.

For help with MY LIFE. MY CHOICE. please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.



# Take a test, GET A \$25 GIFT CARD



An ounce of prevention is worth a pound of cure – plus a \$25 gift card. That's right. IEHP DualChoice (HMO D-SNP) members can now earn a \$25 gift card just for getting certain preventive care screenings, exams or lab tests you were already going to take anyway. We all know that these tests save lives, so what's the catch, right?

You must complete one of the following services by **Dec. 31, 2024** to earn a \$25 gift card: Eye exam for members with diabetes, breast cancer screening (mammogram), colorectal cancer screening or an annual wellness visit.

Once IEHP DualChoice receives proof from your doctor that you completed the service by the due date, you will receive a reward certificate by mail within two weeks. This reward can be used to choose from 16 different gift card options online or by phone.

Call your doctor and set up a visit for your needed screenings today.

*Please note: Gift cards cannot be used to buy alcohol, tobacco products, firearms or lottery tickets.*



Scan or visit  
**IEHP.org**  
and search  
"Vibrant Health"

## VIBRANT HEALTH DEBIT CARD

Eligible IEHP DualChoice members can get over-the-counter health and wellness products paid for using the Vibrant Health Debit Card. And those who qualify for the Vibrant Health utilities benefit can get \$65 per month to help pay for utilities, like gas, electricity and water.



# HEALTH COVERAGE FOR ALL!

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



**IEHP**  
Inland Empire Health Plan

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

**IEHP**  
DualChoice

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

**IEHP**  
Covered

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 [IEHP.org](https://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 6<sup>th</sup> 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 6<sup>th</sup> 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](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.

- **Electronically:** Send an email to **[CivilRights@dhcs.ca.gov](mailto: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 6<sup>th</sup> 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 6<sup>th</sup> 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](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.

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

**ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)**

ចំណាំ : បើអ្នក រក្សា ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទ ទៅលេខ **1-800-440-4347 (TTY: 1-800-718-4347)**។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារសរសេរជាអកសរស័ព្ទ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអកសរស័ព្ទធំ 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 सेवानिवृत्ति 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: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໃຫ້ທາດປີ **1-800-440-4347** (TTY: **1-800-718-4347**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ ເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ໃຫ້ທາດປີ **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 hlou 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 serbisyon 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.



P.O. Box 1800  
Rancho Cucamonga, CA 91729-1800

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IEHP

# Keep Your IEHP



**Renew your Medi-Cal coverage today in one of these ways:**

-  Visit **www.BenefitsCal.com**.
-  Mail the completed packet to your county office.
-  Go to your Medi-Cal office in person.
-  Call your local county Medi-Cal office.



**Need help renewing?**

Call us at **1-888-860-1296**  
or visit **KeepMyIEHP.com**.

## Questions?

Call IEHP Member Services  
**1-800-440-IEHP (4347)**  
**1-800-718-4347 TTY**  
Monday–Friday, 7am–7pm, and  
Saturday–Sunday, 8am–5pm

**IEHP.org**       
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–Friday, 8am–5pm, excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.