IEHP DualChoice Member Newsletter | Summer 2023

Health Spotlight

A Search for Healing

(Anaite's Story on page 3)

Plus:

Take a test, get a $25 gift card

Get high-speed internet for FREE

Do seniors need vaccines?

IEHP DualChoice

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 **December 31, 2023** 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.

IEHP 24-hour NURSE ADVICE LINE

Need care after hours?
Get medical advice from our nurse, 24/7.
Call **1-888-244-4347** or **711** for TTY.

IEHP Mission Moments

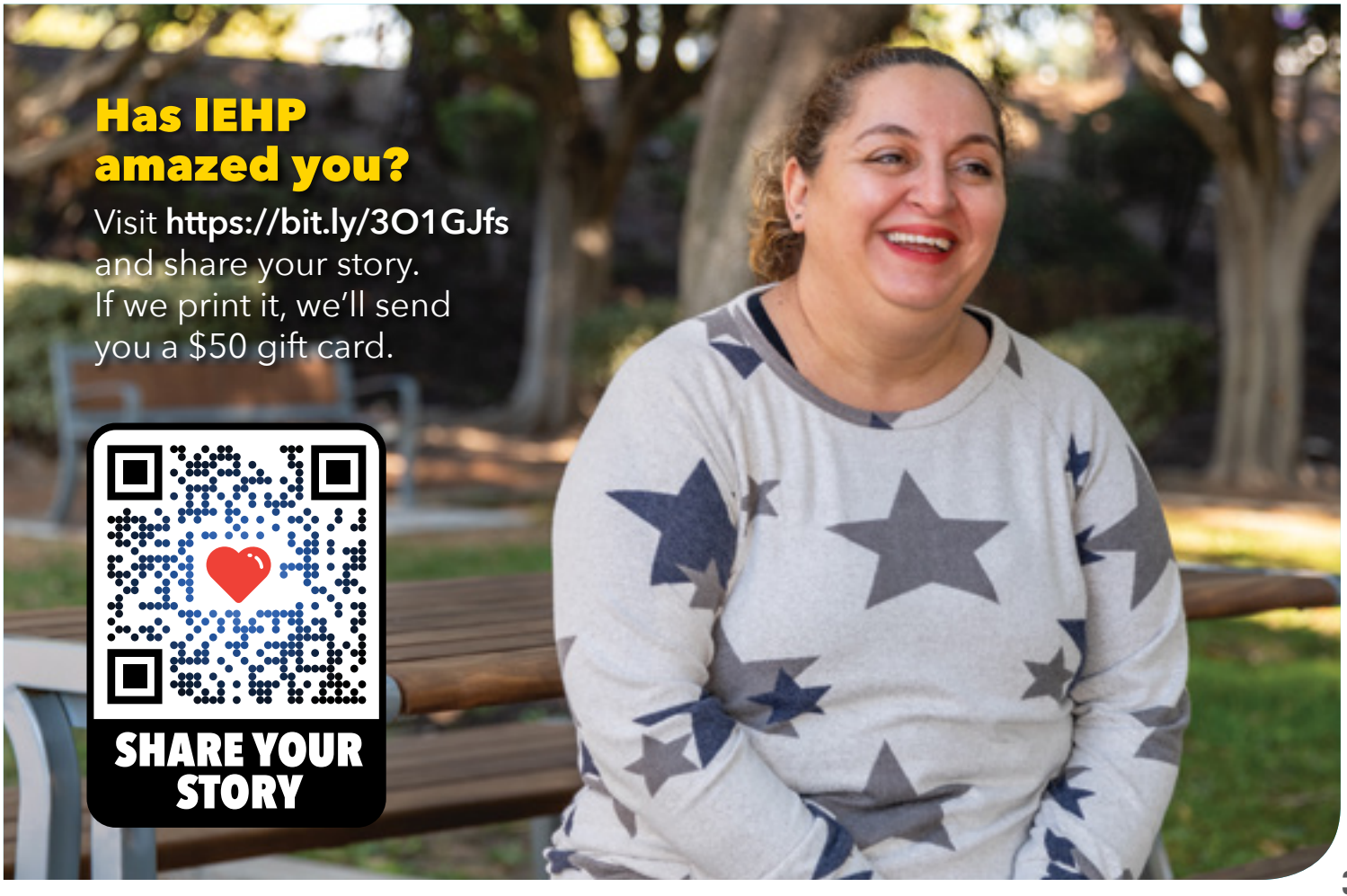
A search for healing: Anaite's story

"I wouldn't be here today – with a good kidney – without Michael Consolo, MD," said Anaite M., IEHP member since 2000. After several visits and many health exams, Dr. Consolo had an answer to Anaite's chronic kidney pain. He ordered an outpatient procedure to address her problem – and sure enough, it worked.

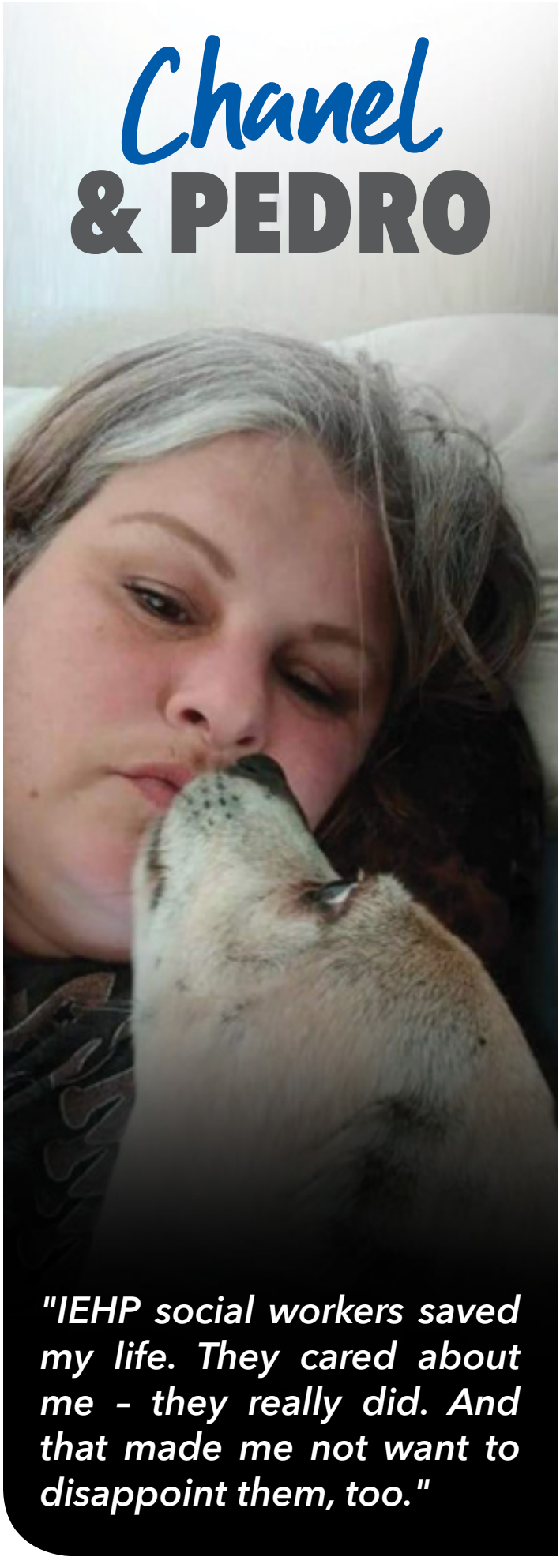
"He was so caring and open-minded that he was able to figure out my problem," she said. "He healed me. I am so thankful to have him as a doctor and for having IEHP."

For Anaite, the compassion and care she's received as a longtime IEHP member proves "the health plan with a heart" is more than just a motto. And she sings our praises whenever she gets the chance, hopeful she can remain under our care.

"I may not be able to qualify for Medi-Cal next year … and I am so afraid to lose all the great doctors I have," Anaite said. "I tell everyone, if they have a choice of health plans, choose IEHP."



Chanel & PEDRO



"IEHP social workers saved my life. They cared about me - they really did. And that made me not want to disappoint them, too."

Our IEHP DualChoice Health Spotlight shines on member Chanel W. and her beloved dog, Pedro. For Chanel, turning 50 this year was a major milestone – and one she thought she might never reach. That's because, just a few years ago, Chanel faced both physical and mental health struggles after injuries to her neck and back made it hard for her to exercise and work.

Chanel quickly gained weight after that, reaching 330 pounds. And her health issues only worsened until she lost everything. Her job. Her home. Even her dog and best friend, Pedro, a Chihuahua she was forced to give up as well.

Finally, with no health coverage and in dire need of medical attention, Chanel joined IEHP DualChoice. She met with our social workers who connected her with the health and social services and resources she needed. Our social workers followed up with her on a regular basis after that and made sure she was taking her medicine.

Today, only two years later, we are happy to share that Chanel's health has greatly improved. She's lost 125 pounds. She walks 5-6 miles a day. And, best of all, Chanel has stable housing again with Pedro – her favorite walking partner – who she was finally reunited with in April!

Save on your INTERNET BILL

APPLY NOW

Thanks to the Affordable Connectivity Program (ACP), IEHP DualChoice members can save money on monthly internet charges. Some members may even be able to get high-speed internet for free.

How much can you save? One monthly service discount and one device discount are allowed per household. Service discounts are up to $30/month or up to $75/month on eligible tribal lands. Device discounts are up to $100 for a laptop, tablet or desktop computer (with a co-payment of more than $10 but less than $50).

How do you get started? If you have internet service, apply at **www.getinternet.gov**. You may also contact your internet company and ask if they support this program. (Not all internet companies do.) If you don't have internet service, call **1-877-384-2575** and ask to apply for the ACP.

Ask the DOCTOR

Q I'm turning 65 next month. Do I still need vaccines?

A Yes. Vaccines are even more important for older adults. As you age, your immune system weakens, and it can be harder to fight infections. Seniors are more likely to get diseases, like the flu, pneumonia and shingles. Older people are also more likely to have complications from these diseases. Check out Vaccines for Adults on page 7 and then talk to your doctor about what vaccines you might need.

IEHP's COMMUNITY RESOURCE CENTERS

Check out our local centers for health care resources in the IE. Our friendly, bilingual staff can help you take free classes and wellness programs, learn about health care and about health care plans. Our doors are open to members and the community. Check us out at one of three locations near you:

SAN BERNARDINO
805 W. Second St., Suite C
San Bernardino, CA 92410
(at the Marshalls Plaza)

RIVERSIDE
3590 Tyler St., Suite 101
Riverside, CA 92503
(across from Galleria at Tyler mall, next to Dollar Tree)

VICTORVILLE
12353 Mariposa Road, Suites C-2 & C-3 Victorville, CA 92395
(near Vallarta Supermarkets)

CONNECT IE

Need FREE community services? Connect IE can help:

- Housing services
- Food pantries
- Transportation
- Other low-cost or FREE resources

Visit **www.ConnectIE.org**

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.

Vaccines based on age:

What Vaccine?	Who Needs It?	How Many?
Pneumococcal	All adults 65 years or older should get one dose of PPSV23 (polysaccharide vaccine). Adults 65 years or older who have never received a dose can discuss and decide, with their vaccine provider, to get one dose of PCV13 (conjugate vaccine)	If someone wants both vaccines, get PCV13 first followed by PPSV23
Shingles (Zoster)*	Adults 50 or older, including adults who have had shingles or got the previous shingles vaccines (Zostavax)	Two doses, 2 to 6 months apart
Measles, mumps, rubella (MMR)* Recommended as a catch up if you didn't receive as a child	Adults born in the United States in 1957 or later who have not received MMR vaccine, or who had lab tests that showed they are not immune to measles, mumps, and rubella	One time for most adults; however, certain people, such as college students, international travelers, or healthcare professionals, should get two doses
Chickenpox (Varicella)* Recommended as a catch up if you didn't receive as a child	Adults born in the United States in 1980 or later who have not received two doses of chickenpox vaccine or never had chickenpox	One time series of two doses
Influenza vaccine	Everyone	Every year during flu season, including pregnant women during any trimester
Tdap vaccine	Everyone (including pregnant women)	One time - Adults who did not get the Tdap vaccine as adolescents would get this one dose of this vaccine
Tdap or Td booster	Everyone	Every ten years

For other vaccines needed and to learn more, visit **www.cdc.gov**.

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

**Live vaccines should not be given to pregnant women or people who have a very weakened immune system. That includes people with HIV infection and a CD4 count less than 200.*

NONDISCRIMINATION NOTICE

Discrimination is against the law. IEHP DualChoice (HMO D-SNP) follows State and Federal civil rights laws. IEHP DualChoice 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 DualChoice 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 DualChoice Member Services between 8am-8pm (PST), 7 days a week, including holidays by calling 1-877-273-4347. 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:

IEHP DualChoice
10801 Sixth St., Rancho Cucamonga, CA 91730
Tel. 1-877-273-4347
TTY: 1-800-718-4347
711 (Telecommunications Relay Service)

HOW TO FILE A GRIEVANCE

If you believe that IEHP DualChoice 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 DualChoice's Civil Rights

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Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact IEHP DualChoice's Civil Rights Coordinator between 8am-8pm (PST), 7 days a week, including holidays by calling 1-877-273-4347. Or, if you cannot hear or speak well, please call 1-800-718-4347.

- In writing: Fill out a complaint form or write a letter and send it to:

  IEHP DualChoice, Attn: Civil Rights Coordinator,
  10801 Sixth Street, Suite 120, Rancho Cucamonga, CA 91730

- In person: Visit your doctor's office or IEHP DualChoice and say you want to file a grievance.

- Electronically: Visit IEHP DualChoice'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. IEHP DualChoice (HMO D-SNP) cumple con las leyes de derechos civiles estatales y federales. IEHP DualChoice 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 DualChoice proporciona:

- Asistencia y servicios gratuitos para las personas con discapacidad con el propósito de ayudarles a comunicarse mejor, como:

  - ✓ Intérpretes calificados de lenguaje de señas
  - ✓ Información por escrito en otros formatos (impresión 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 DualChoice al 1-877-273-4347, de 8am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Si tiene problemas auditivos o del habla, por favor llame al número 1-800-718-4347. Si usted lo solicita, este documento puede estar a su disposición 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:

IEHP DualChoice
10801 Sixth St., Rancho Cucamonga, CA 91730
Teléfono: 1-877-273-4347
TTY: 1-800-718-4347
711 (Servicio de retransmisión de telecomunicaciones)

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CÓMO PRESENTAR UNA QUEJA FORMAL

Si considera que IEHP DualChoice 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 DualChoice. 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 DualChoice al 1-877-273-4347, de 8am-8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. O, si no puede escuchar o hablar bien, llame al 1-800-718-4347.

- Por escrito: Conteste un formulario de quejas o escriba una carta y envíela a:

  IEHP DualChoice, Attn: Civil Rights Coordinator,
  10801 Sixth Street, Suite 120, Rancho Cucamonga, CA 91730

- En persona: Vaya al consultorio de su doctor o a IEHP DualChoice y mencione que quiere presentar una queja.

- En línea: Visite el sitio web de IEHP DualChoice 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: Conteste 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 EE. UU.

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: Conteste 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.

IEHP DualChoice

TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-877-273-4347 (TTY: 1-800-718-4347). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-4347 (TTY: 1-800-718-4347). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-877-273-4347 (TTY: 1-800-718-4347). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-877-273-4347 (TTY: 1-800-718-4347). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, 1-877-273-4347 (TTY: 1-800-718-4347): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-877-273-4347 (TTY: 1-800-718-4347): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-877-273-4347 (TTY: 1-800-718-4347)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-877-273-4347 (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 1-877-273-4347 (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 1-877-273-4347 (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 1-877-273-4347 (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 1-877-273-4347 (TTY: 1-800-718-4347) تماس بگیرید. این خدمات رایگان

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ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-273-4347 (TTY: 1-800-718-4347) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-273-4347 (TTY: 1-800-718-4347) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-273-4347 (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 1-877-273-4347 (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 1-877-273-4347 (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。 1-877-273-4347 (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 1-877-273-4347 (TTY: 1-800-718-4347) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-273-4347 (TTY: 1-800-718-4347) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-273-4347 (TTY: 1-800-718-4347). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-877-273-4347 (TTY: 1-800-718-4347). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

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 1-877-273-4347 (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 1-877-273-4347 (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 1-877-273-4347 (TTY: 1-800-718-4347). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-877-273-4347 (TTY: 1-800-718-4347).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский слоган (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-273-4347 (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 1-877-273-4347 (линия TTY: 1-800-718-4347). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-273-4347 (TTY: 1-800-718-4347). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al
1-877-273-4347 (TTY: 1-800-718-4347). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa
1-877-273-4347 (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 1-877-273-4347 (TTY: 1-800-718-4347). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-4347 (TTY: 1-800-718-4347) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ
ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-4347 (TTY: 1-800-718-4347) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-273-4347 (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 1-877-273-4347 (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
1-877-273-4347 (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 1-877-273-4347 (TTY: 1-800-718-4347). Các dịch vụ này đều miễn phí.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-273-4347 (TTY: 1-800-718-4347). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-273-4347 (TTY: 1-800-718-4347). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-273-4347 (TTY: 1-800-718-4347)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-273-4347 (TTY: 1-800-718-4347)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-273-4347 (TTY: 1-800-718-4347). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-273-4347 (TTY: 1-800-718-4347). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-273-4347 (TTY: 1-800-718-4347) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher

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erreichen Sie unter 1-877-273-4347 (TTY: 1-800-718-4347). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-273-4347 (TTY: 1-800-718-4347)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-273-4347 (TTY: 1-800-718-4347). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-273-4347 (TTY: 1-800-718-4347) . هذه خدمة مجانية سيقوم شخص ما يتحدث العربية بمساعدتك.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-273-4347 (TTY: 1-800-718-4347) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-273-4347 (TTY: 1-800-718-4347). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-273-4347 (TTY: 1-800-718-4347). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-273-4347 (TTY: 1-800-718-4347). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-273-4347 (TTY: 1-800-718-4347). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには 1-877-273-4347 (TTY: 1-800-718-4347) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

IEHP DualChoice

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IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a Health Plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

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