

The Pulse

"How IEHP Changed My Life"

(Braulio's story on page 3)

Plus:

Get high-speed
internet for free?

Healthy mom,
healthy baby

Vaccine schedule
your child's best shots

Healthy Mom, HEALTHY BABY



One of the biggest factors in a child's early development is the strong bond (or dyad) between the child and the parent who takes care of them most of the time, especially during the first 18 months. Studies show that the higher the quality of this bond, the better the outcomes tend to be – and vice versa. While the caregiver in this relationship could be any parent – a father, grandparent, stepparent, foster parent, etc. – the role still tends to be filled most often by the infant's mother.

That's why it's so important to bring your baby with you to every check-up, well-child

or other visits your doctor recommends. Your doctor is trained to spot needed care in the motherchild bond, including common issues like postpartum depression. If any risks are detected, your doctor can provide support or help you and your baby get access to the care you need from specialists or behavioral health services.

If you have any questions about covered health benefits for you and your baby, call Member Services and ask for an IEHP Health Navigator. The number is on your member card.



If you're pregnant, our free mobile app offers up-to-date data about your growing baby. This includes ultrasound videos, handy tools like a weight gain calculator, appointment reminders and much more.

For parents of a baby under 2 years old, the app provides parenting tips and advice, age-adapted information about your baby's growth, feeding patterns, a survey that screens for postpartum depression and tools to track diaper changes, vaccines and more.

To download the Baby-N-Me app for FREE, scan the QR code, or visit visit the App Store and search IEHP.

IEHP Mission Moments

Victory in Victorville: Braulio's Story

IEHP member Braulio M. called Member Services for help. The 28-year-old dad, struggling with his weight, hoped IEHP would put him on the right path to better health. "They referred me to their healthy eating classes at their Community Resource Center (CRC) in Victorville," he said. "They even arranged a ride to take me there and back, which has been a huge benefit."

Once there, Braulio discovered free health classes and resources

he never knew existed, and he dove right in!

He took every fitness, wellness and cooking class we offer, visiting the CRC four to five times a week. Impressed by the care and attention he received from our team members, he brought along 5-year-old Braulio Jr. who attended the kids' classes in yoga and Zumba.

"The whole experience has been life changing for me," Braulio said. "And I can't wait to go back."

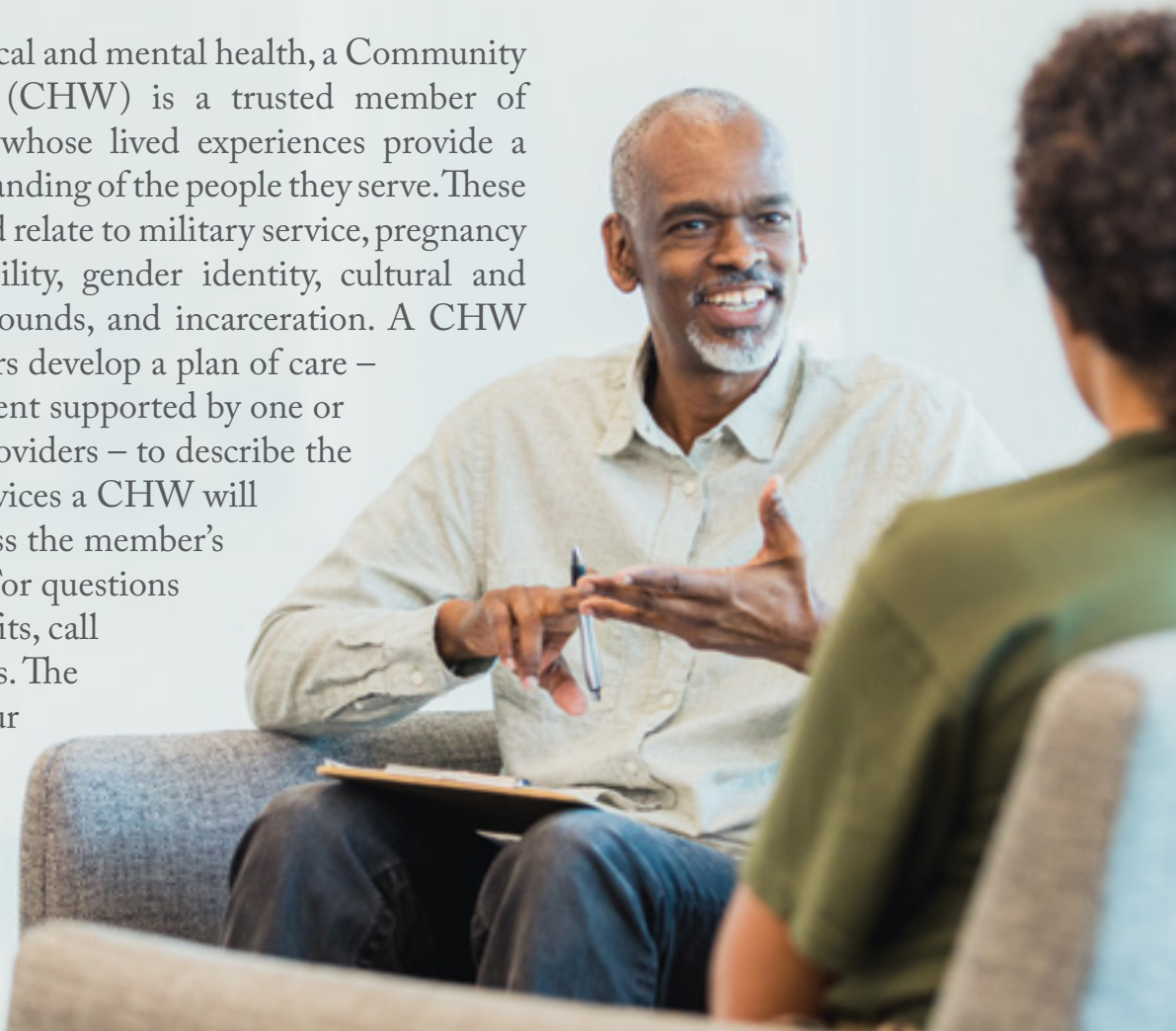
Has IEHP amazed you?

Visit <https://bit.ly/3O1GJfs> and share your story. If we print it, we'll send you a \$50 gift card.



Access **IEHP'S COMMUNITY HEALTH WORKERS**

Promoting physical and mental health, a Community Health Worker (CHW) is a trusted member of the community whose lived experiences provide a personal understanding of the people they serve. These experiences could relate to military service, pregnancy and birth, disability, gender identity, cultural and linguistic backgrounds, and incarceration. A CHW can help members develop a plan of care – a written document supported by one or more licensed providers – to describe the supports and services a CHW will provide to address the member's ongoing needs. For questions about your benefits, call Member Services. The number is on your member card.



Mental health services without a referral

Did you know that IEHP covers initial mental health assessments without preapproval (prior authorization)? Use our “Doctor Search” feature at <https://search.iehp.org> to find a behavioral health specialist in your area.



YOU NEED TO KNOW



Doulas are now a covered benefit

Doulas provide support and services for pregnant and postpartum members before, during and after childbirth. This means health education, advocacy, and physical, emotional and nonmedical support, including for miscarriage, stillbirth and abortion. Members may self-refer to contracted doulas.

Save ON YOUR INTERNET BILL

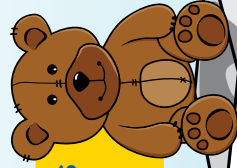
Thanks to the Affordable Connectivity Program (ACP), IEHP members can save money on monthly internet charges. Some members may even be able to get high-speed internet for free.

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, scan the QR code above, or 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.



Immunization Timing 2023



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

Age 4-6 years	Age 11-12 years	Age 16-18 years
DTaP Polio (IPV) MMR Varicella	Tdap HPV [2 doses] MenACWY [Meningitis]	MenACWY [Meningitis] MenB

Please ask your doctor how far apart to have the vaccines.

For more information, visit: www.cdc.gov/vaccines

California schools are requiring COVID-19 vaccines for some kids. The requirement is subject to change. Please go to www.ShotsForSchool.org for the most current information.

At Birth	Age 0-2 months	Age 4 months	Age 6 months	Age 12 months
HepB [Hepatitis B]	DTaP [Diphtheria, Tetanus, Pertussis]	DTaP [Diphtheria, Tetanus, Pertussis]	DTaP [Diphtheria, Tetanus, Pertussis]	HepA [Hepatitis A]
	Polio (IPV)	Polio (IPV)	Polio (IPV)	MMR [measles, mumps, and rubella]
	HepB [Hepatitis B] 1-2 months	Hib [Hib meningitis]	HepB [Hepatitis B]	Hib [Hib meningitis]
	Hib [Hib meningitis]	PCV [Pneumo]	PCV [Pneumo]	PCV [Pneumo]
	RV [Rotavirus]	RV [Rotavirus]	RV [Rotavirus]	Varicella [Chicken Pox]

Age 15 months	Age 18 months
DTaP [Diphtheria, Tetanus, Pertussis]	HepA [Hepatitis A]

Flu Vaccine Every Fall

Everyone 6 months and older should get one.



CALIFORNIA KIDS

Love them. Immunize them.

COMPLEX CARE MANAGEMENT

from IEHP



Do you need help managing your illness or coordinating care with your doctors? Our Complex Care Management (CCM) program was designed to assist members who are ill. This includes serious conditions, like heart disease, lung disease, kidney disease, AIDS, Hepatitis C, spinal injury or any other chronic uncontrolled condition.

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 medicines, coordinate care, work with your providers and help you to get any needed medical equipment. We also offer and invite you to make use of an Interdisciplinary Care Team (ICT) to help you with your personalized plan of care. The ICT Team consists of your Primary Care Doctor, Complex Care Manager and others who support your health care needs.

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.



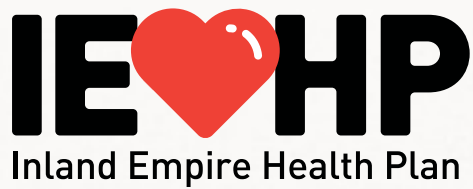
LEARN MORE

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 to provide protection before they encounter life-threatening diseases. See page 6 for the vaccine schedule for children 18 years old and younger. **Schedule a visit today.**





1-800-440-IEHP

Their Health
**STARTS
WITH YOU**
SCHEDULE A WELLNESS VISIT.



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 រសជាអកសរសុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសេសរសជាអកសរពុម្ពធំ 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 प्रिंट 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.

ແທກໂລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-800-440-4347** (TTY: **1-800-718-4347**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ ເອກະສານທົ່ວໄປ ນອກຈາກນີ້ ນີ້ແລະມີໂຕເພີ່ມໃຫຍ່ໃຫ້ໂທຫາເບີ **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 hluc 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.



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1-800-718-IEHP (4347) for TTY users
Monday–Friday, 7 a.m.–7 p.m., and
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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 5p.m., excluding holidays. The Ombudsman Office helps people with Medi-Cal understand their rights and responsibilities.