

FOCUS YOUR HEALTH



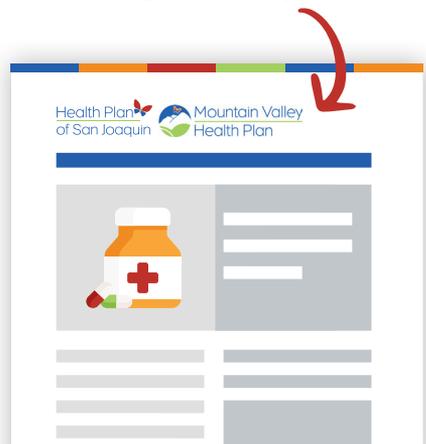
Welcome New Members in El Dorado and Alpine Counties!

As of January 1st, if you live in El Dorado or Alpine county and qualify for Medi-Cal, you can choose Mountain Valley Health Plan as your Medi-Cal managed care plan. Members can get help finding a doctor, getting rides to medical appointments and much more.

Call our Customer Service Department at **1-888-936-PLAN (7526) TTY 711**, Monday to Friday from 8AM to 5PM or visit our website at **www.hpsj-mvhp.org**. If you prefer to stop by and get help in person, visit us at our new location in Placerville:

 **4327 Golden Center Drive
Placerville, CA 95667**

Members of Health Plan of San Joaquin and Mountain Valley Health Plan will notice that we have added our Mountain Valley Health Plan logo to letters and materials. *This does not change your coverage or benefits.*



If you have any questions, visit **www.hpsj-mvhp.org** or call Customer Service at **1-888-936-PLAN (7526) TTY 711**.

Rewarding you for taking care of your health!



Your health plan rewards you for getting your yearly checkups and routine exams. We offer preventative care at no cost to you. Better yet, we reward members for taking steps to be healthier. Our goal is to help you achieve your health goals and maintain a healthy lifestyle.

What is the myRewards program? myRewards is an incentive program for health plan members to visit their doctor and stay up to date with their exams and checkups.

This year you can get rewards for seeing your doctor for:

Women's health

- Prenatal care in first trimester or within 42 days of enrollment
- Postpartum visit between 7 and 84 days after delivery
- Postpartum depression screening after delivery

Cancer Screening

- Colorectal Cancer Screening
- Cervical Cancer Screening/Pap smear
- Breast Cancer Screening/Mammogram

Well visits and Immunizations

- Well care for baby: 0 to 15 months
- Well care for baby: 15 to 30 months
- Well-child visits: 3 to 20 years of age
- Adult visits: 20+ years of age
- Lead Screening
- Flu Shots
- Immunizations for children and teens

Chronic disease

- Diabetes care: A1C



Please call **1-888-581-7526**
(24-hour line)

if you feel you need therapy,
assistance with medication
management, mental health,
or substance use services.

If you need *immediate*
assistance, **CALL 988** for
any mental health crisis
and intervention.



Visit [www.hpsj.com/
myrewards](http://www.hpsj.com/myrewards) to see what
rewards are available to
Health Plan members!

Are Your Meds Covered?



A drug list is a list of medications (meds) your doctor can use that will be covered by Medi-Cal. It lists safe and helpful meds that offer the best value without sacrificing quality of care. To see what meds are on the drug list, you can:

- Use the online search tool at www.medi-calrx.dhcs.ca.gov/member/drug-lookup
- Download a copy of the drug list, under the “Covered Products Lists” tab, at www.medi-calrx.dhcs.ca.gov/member/forms-information
- Call the Medi-Cal Rx Customer Service department at **1-800-977-2273**, which is available 24 hours a day, 365 days of the year.

As a Medi-Cal member, you pay nothing

for outpatient meds and some over-the-counter meds (OTC) if the three reasons below are met if:

- ✓ The med(s) is(are) listed in the Medi-Cal drug list, and
- ✓ The med(s) is(are) prescribed by a doctor, and
- ✓ The med(s) is(are) picked up at a pharmacy that works with Medi-Cal Rx.

The meds that are given in a doctor’s office are a Health Plan medical benefit. Updates to this benefit can be found at www.hpsj.com/benefits-pharmacy. You can also call Customer Service **1-888-936-PLAN (7526) TTY 711**, Monday through Friday, from 8AM-5PM) for help with looking up any meds that are part of your medical benefit.

Need wheelchair van or gurney transportation?

To receive this type of transportation, your doctor has to fill out a form that shows you have certain medical needs. You can have this form faxed to your doctor if you call Customer Service at **1-888-936-PLAN (7526) TTY 711**. Once your doctor returns the form and transportation is approved, Health Plan will give you a phone number to call when you need a ride to medical appointments.



NEVER MISS AN APPOINTMENT!

Call **1-888-936-PLAN (7526) TTY 711**
7-10 days before your appointment.

Let's Speak Your Language, Together

As a Health Plan member, we want you to know that we speak your language. You have the right to no-cost, qualified interpreting services for spoken and American Sign Language. You can get member materials in the language and format you want, such as Braille, large print and audio. Interpreters are ready to help you 24 hours a day, 7 days a week and 365 days a year via phone, video, and in-person resources. It is very important to rely on a skilled, qualified interpreter for your language needs when you visit with your doctor.



Why should friends and family not be relied on for interpreting?

- Friends and family may not tell you exactly what the doctor is saying
- They may make undesired suggestions on your behalf to the doctor
- They may not tell the doctor all of your concerns, or ask all of your questions
- They could confuse information shared with you by the doctor or misunderstand medical terminology.

Why is it important to rely on a qualified interpreter?

A qualified interpreter can:

- Listen to your doctor and tell you precisely what he or she is saying, and confirm your understanding on treatment, medication, and other recommendations
- Tell your doctor precisely what your health needs and concerns are
- Support clear communication while also supporting participation of friends and family in your care as you desire.

Let us help you schedule an in-person interpreter for your health care visit:

Please call Customer Service at **1-888-936-PLAN (7526) TTY 711**
Monday-Friday, 8AM-5PM.



Black Bean Soup

INGREDIENTS

- 1 (15-ounce) can black beans, 50% less salt added
- ½ cup fresh pico de gallo or salsa
- ½ cup chopped tomatoes
- ½ teaspoon cumin
- ½ dashes hot sauce (optional)
- 2 teaspoons light sour cream, divided (optional)

Scan for recipe and nutritional info!



Potato Corn Chowder

INGREDIENTS

- 4 cups canned low sodium chicken broth
- 3 stalks celery, chopped
- 2 pounds russet potatoes (about 4 large potatoes), peeled and cut into small bite-size pieces
- 1½ cups chopped onion
- 1¾ cups frozen corn, thawed (may substitute fresh or canned, unsalted corn)
- 1 (7-ounce) can diced green chilies, drained
- 1 teaspoon dried thyme
- 1 cup fat free milk
- ¾ cup shredded, reduced fat Cheddar and Monterey Jack (Mexican blend) cheeses
- Ground pepper to taste

OPTIONAL TOPPINGS

- Chopped fresh cilantro
- Crushed chips
- Light sour cream

PREPARATION

- Add broth to a large saucepan and bring to a boil.
- When broth comes to a boil, add the vegetables and thyme.
- Cover and cook over medium-low heat for 20 minutes.
- Remove from heat and break up potatoes using a potato masher, or press against the side of the pot with a wooden spoon. . . .
- Stir in milk, cheese, and pepper and cook over medium-high heat for a minute more or until very hot.

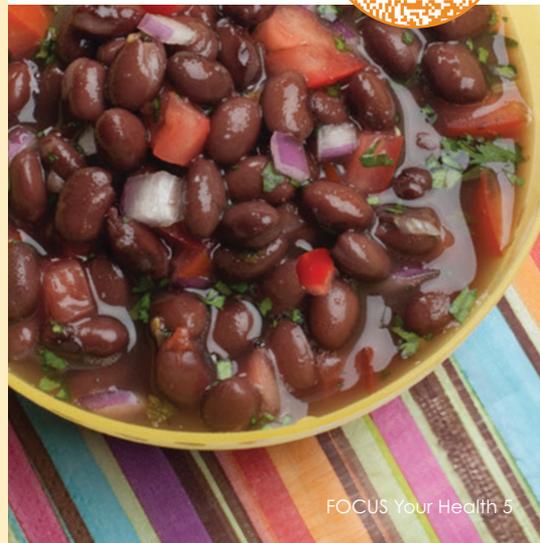
Serve immediately with cilantro, crushed chips, and light sour cream as optional toppings.

PREPARATION

- Open can of beans carefully.
- Pour beans and their liquid into a medium microwave safe bowl.
- Rinse can with a splash of water.
- Add water to bowl with beans.
- Add pico de gallo, tomatoes, cumin, and hot sauce (optional) to the beans.
- Stir gently.
- Cover with paper towel.
- Microwave on high heat for 2-3 minutes.
- Remove hot bowl from microwave with pot holders.
- Take off paper towel.
- Stir and divide soup into 2 bowls.
- Top each bowl of soup with 1 teaspoon sour cream (if using).

Serve right away.

Scan for recipe and nutritional info!



Medi-Cal Renewals Are Happening Now



As a reminder, the Medi-Cal renewal process has started.

If you get a letter or envelope in the mail, respond quickly to keep your coverage. It is very important that you follow the steps in the letter you receive and complete any forms. **Documents must be submitted timely to avoid coverage delay or cancellation.**

I did not turn in my renewal form or information. I got a notice that my Medi-Cal is ending. What can I do?

- **If you get a renewal form and do not complete it**, your Medi-Cal will end.
- If it is **less than 90 days** from the date on the letter, turn in your renewal form or missing information. Your local Medi-Cal office will see if you still get Medi-Cal. You do not need to turn in a new application.
- If it is **more than 90 days** after the date on the letter, you *must* turn in a new Medi-Cal application.

I got a notice that I no longer get Medi-Cal. I think I still should get it. What can I do?

You can ask your local Medi-Cal office to look at your case. Contact your local Medi-Cal office:

San Joaquin County

Human Services Agency

333 E. Washington Street, Stockton, CA 95202
209-468-1000 / Toll Free: 1-800-300-1506

Stanislaus County

Community Services Agency

251 Hackett Road, Modesto, CA 95358
209-558-2500 / Toll Free: 1-877-652-0734

El Dorado County (Placerville)

3057 Briw Rd, Suite A, Placerville, CA 95667
530-642-7300

El Dorado County (South Lake Tahoe)

3368 Sandy Way, South Lake Tahoe, CA 96150
530-573-3200

Alpine County

75 Diamond Valley Rd, Unit A
Markleeville, CA 96120
530-694-2235

If they cannot help you, you can ask for a Medi-Cal Fair Hearing.

You can turn in an www.acms.dss.ca.gov/acms/login.request.do

You can also call the State Hearings Division toll-free at **1-800-743-8525** or **1-800-952-8349** (TDD)

To Update Your Info and Stay Informed

Check your **BenefitsCal** account to make sure Medi-Cal has your current address:

✓ Sign up for email or text message alerts at www.BenefitsCal.com.

✓ Scan the QR code or visit www.BenefitsCal.com to make sure that Medi-Cal has your current address, email, and phone number. You can also report changes to income or household members.

Diabetes Prevention Program



One in three people has prediabetes, and most don't know it. People with prediabetes have higher-than-normal blood sugar levels but do not yet have diabetes. They are more likely to get type 2 diabetes within 5 to 10 years. **Health Plan is excited to offer the national diabetes prevention program through Inspiring**

Communities which has two goals:

- ✓ To reduce your weight by 5% to 7% by helping you make small lifestyle changes.
- ✓ To begin helping you be physically active.



Ready to prevent type 2 diabetes?
Visit www.hpsj.com/dpp

Prediabetes Risk Test

Are you at risk? **Take the risk assessment test here:**

1. How old are you?	
Younger than 40 years (0 point)	
40-49 years (1 point)	
50-59 years (2 point)	
60 years or older (3 point)	
2. Are you a man or a woman?	
Man (1 point)	Woman (0 point)
3. If you are a woman, have you ever been diagnosed with gestational diabetes?	
Yes (1 point)	No (0 point)
4. Do you have a mother, father, sister or brother with diabetes?	
Yes (1 point)	No (0 point)
5. Have you ever been diagnosed with high blood pressure?	
Yes (1 point)	No (0 point)
6. Are you physically active?	
Yes (0 point)	No (1 point)
7. What is your weight category	
Total	

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	1 points	2 points	3 points

If you weigh less than the 1 point column, enter 0 points

If you scored 5 or higher, you have an increased risk for prediabetes and type 2 diabetes. Talk to your doctor about additional testing.

LANGUAGE ASSISTANCE

English Tagline

ATTENTION: If you need help in your language call **1-888-936-7526, TTY 711**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-936-7526, TTY 711**. These services are free of charge.

(Arabic) الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-888-936-7526, TTY 711**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-888-936-7526, TTY 711**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱՂԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-888-936-7526, TTY 711**: Կան նաև օժանդակ փոփոխներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-888-936-7526, TTY 711**: Այդ ծառայություններն անվճար են:

ប្រាសាទសំខាន់ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-888-936-7526, TTY 711**។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជា ឯកសារសរសេរជាអក្សរធំសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-888-936-7526, TTY 711**។ 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 **1-888-936-7526 (TTY: 711)**。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 **1-888-936-7526 (TTY: 711)**。这些服务都是免费的。

(Farsi) مطلب به زبان فارسی

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-888-936-7526, TTY 711** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای

معلومات، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با
1-888-936-7526, TTY 711 تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-888-936-7526, TTY 711** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-936-7526, TTY 711** 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 **1-888-936-7526, TTY 711**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntwav su thiab luam tawm ua tus ntwav loj. Hu rau **1-888-936-7526, TTY 711**. 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 **1-888-936-7526, TTY 711**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。 **1-888-936-7526, TTY 711**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 **1-888-936-7526, TTY 711** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-936-7526, TTY 711** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາລື **1-888-936-7526, TTY 711**.

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາລື **1-888-936-7526, TTY 711**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-936-7526, TTY 711**. 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 **1-888-936-7526, TTY 711**. 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 **1-888-936-7526, TTY 711**. ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-888-936-7526, TTY 711**. ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-936-7526 (линия TTY 711)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-936-7526 (линия TTY 711)**. Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-888-936-7526, TTY 711**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-936-7526, TTY 711**. Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-936-7526, TTY 711**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-936-7526, TTY 711**. Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ

กรุณาโทรศัพท์ไปที่หมายเลข **1-888-936-7526, TTY 711** นอกจากนี้
ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น
เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่
กรุณาโทรศัพท์ไปที่หมายเลข **1-888-936-7526, TTY 711**
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою,
телефонуйте на номер **1-888-936-7526, TTY 711**. Люди з
обмеженими можливостями також можуть скористатися
допоміжними засобами та послугами, наприклад, отримати
документи, надруковані шрифтом Брайля та великим шрифтом.
Телефонуйте на номер **1-888-936-7526,**
TTY 711. 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 **1-888-936-7526, TTY 711**. 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 **1-888-936-7526, TTY 711**.
Các dịch vụ này đều miễn phí.

Nondiscrimination Notice

Discrimination is against the law. Health Plan of San Joaquin/Mountain Valley Health Plan (“Health Plan”) follows State and Federal civil rights laws. Health Plan of San Joaquin 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.

Health Plan 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 and 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 Health Plan between Monday-Friday 8:00 a.m. - 5:00 p.m. by calling **1-888-936-7526**. If you cannot hear or speak well, please call TTY 711 to use the California Relay Service. Upon request, this document can be made available to you in braille, large print, audio, and accessible electronic format. To obtain a copy in one of these alternative formats, please call or write to:

**Health Plan of San Joaquin/Mountain Valley
Health Plan**

**7751 South Manthey Road, French Camp, CA 95231
1-888-936-PLAN (7526), TTY 711**

HOW TO FILE A GRIEVANCE

If you believe that Health Plan 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 Health Plan's Civil Rights Coordinator, the Chief Compliance Officer. You can file a grievance in writing, in person, or electronically:

- By phone: Contact between Monday - Friday, 8:00 a.m. - 5:00 p.m. by calling **1-888-936-7526**. Or, if you cannot hear or speak well, please call TTY 711.
- In writing: Fill out a complaint form or write a letter and send it to:

Health Plan of San Joaquin/Mountain Valley Health Plan

Attn: Grievance and Appeals Department

7751 S. Manthey Road, French Camp, CA 95231

1-888-936-PLAN (7526), TTY 711

By fax: 209-942-6355

- In person: Visit your doctor's office or Health Plan and say you want to file a grievance.
- Electronically: Visit Health Plan's website at www.hpsj-mvhp.org

If you need help filing a grievance, a Customer Service Representative can help you.

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
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 bases 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, by phone or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY 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
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>.



Cervical Cancer

Your Questions Answered

What is a pap smear?

A pap smear is a test that checks for cancer of the cervix, the way into the uterus (womb). Some of the cells from the cervix will be taken to screen for cells that are not normal.

Why should I care about cervical cancer?

Cervical cancer is the fourth leading cause of death in people with a cervix worldwide. Almost all cases of cervical cancer are caused by the human papillomavirus (HPV). Cervical cancer can be curable when found and treated early.

What is HPV?

HPV is a virus that can cause infection that leads to cervical, vaginal, throat, penile, and vulvar cancer. Cervical cancer is almost always caused by HPV infections.

Can I stop HPV?

Getting the HPV shot can help stop HPV. It is safe and protects you against types of germs that cause cervical cancer. The HPV shot can start as early as age 9, as it produces a stronger immune response. A person between the ages of 9 to 45, no matter what their gender, should talk to their doctor about the HPV shot.

Who should get a pap smear?

Anyone with a cervix who is sexually active or age 21 and older should get a routine test. Talk to your doctor to see when and how often you should get a pap smear done.

Is getting a pap smear painful?

Each person with a cervix is unique and has many comfort levels. It may be slightly painful, causing a slight, brief pain.

Members may qualify for a \$25 gift card!

You can get a \$25 gift card for a Cervical cancer screening (pap smear) and complete HPV vaccine series.



Gift
Card



