



FOCUS YOUR HEALTH

Get prepared for school: Catch Up on Wellness Exams



Before the end of summer, make sure to add a wellness visit to your to-do list. Schedule your child's annual wellness appointment early and get the checkups your child needs before the school year starts. This might be a well-child visit. Or, if your child is an athlete, it might be a sports physical.

In either case, it's the only visit many kids and teens have with their doctor each year. That is why it's so important. The doctor can give your child a physical exam and check for any hidden health problems.

At these visits, you'll go over:

Vaccines: Childhood vaccines help keep your child safe from 14 different diseases, some life-threatening. And kids do not outgrow their need for them—preteens and teens also need vaccines.

Developmental screening: What is a healthy weight for your child? How can you help your child eat better or exercise more? What's the best way to discourage your child from smoking or help them cope with peer pressure?

Any question you have is an important one. As long as you speak up, your child's doctor will guide you.

Not sure who your child's doctor is? Make a member account at **www.hpsj-mvhp.org** or call member services at **1-888-936-PLAN (7526) TTY 711.**

Get rewarded for visiting your child's doctor and getting vaccines your child needs!

Learn more about myRewards today! www.hpsj.com/myrewards

Care for Your Gut

Colon Cancer Screening



At What Age Should I Start to Screen for Colon Cancer?

Talk to your doctor about when screening is right for you. Depending on your risk, routine screening can start by age 45 or sooner.



What Are the Symptoms?

- A change in bowel habits (diarrhea, constipation, or feeling like you didn't empty all the way)
- Blood in your stool
- Unexplained weight loss
- Abdominal pain, aches, or cramps that do not go away
- Abnormal growths in the colon or rectum, known as polyps



Am I at Risk?

Risk factors for colon cancer include:

- Family history of colon cancer or colorectal polyps
- Genetics [Lynch syndrome, familial adenomatous polyposis (FAP)]
- Have an inflammatory bowel disease (Crohn's disease or ulcerative colitis)

Screenings can help catch early signs of colon cancer.



Get a \$25 gift card for getting this screening done. **Visit myRewards to see if you qualify.**
www.hpsj.com/myrewards



Melon Cooler

WHAT YOU WILL NEED

Measuring cups
Sharp knife
Cutting board
Blender

INGREDIENTS

4 cups melon (see below for ideas)
4 cups cold water cold

MELON

Try this instead: Cantaloupe, Honeydew, Watermelon, Canary Melon, Casaba Melon, Crenshaw Melon, Galia Melon, Persian Melon, Kiwanos

WATER

Substitute it with Tap water, Sparkling water, Seltzer water, Still water

PREPARATION

- Place all ingredients in a blender container.
- Blend until smooth. Pour into glasses and serve.

Ready In: 10 minutes
Makes: 8 drinks

For a slushy cooler, simply blend ice with melon and water.

Scan for recipe and nutritional info!



Cocoa Nut Butter Energy Bites

WHAT YOU WILL NEED

Large bowl
Spatula or spoon
Measuring cups
Measuring spoons

INGREDIENTS

$\frac{1}{2}$ cup Peanut Butter or of Almond Butter
 $\frac{1}{4}$ cup Maple Syrup or of Honey or of Agave Syrup
 $\frac{1}{4}$ cup Chia Seeds
1 cup Rolled Oats
 $\frac{1}{3}$ cup Unsweetened Shredded Coconut
2 tablespoons Cocoa Powder

PREPARATION

- In a large bowl, mix all ingredients together, starting with $\frac{1}{2}$ cup nut butter and adding more if the mixture seems too dry. Chill for 10 minutes.
- Shape into small balls, about 1 inch in diameter, and enjoy!

Ready In: 25 minutes
Makes: 15 energy bites

Scan for recipe and nutritional info!





Everything you need www.hpsj-mvhp.org

Our website, www.hpsj-mvhp.org, puts the resources you need at your fingertips. Many members use the online tools at www.hpsj-mvhp.org to handle their care. It is the best way to:

- Get the most up-to-date facts about your plan
- Request a member ID
- Change your provider
- Find out how to reach us
- Know what to do in a sudden event that must be handled right away

Visit www.hpsj-mvhp.org from your PC, tablet or mobile phone. Here you will find the latest on the following:

Know Plan Coverage

Find your Evidence of Coverage (EOC) online at www.hpsj-mvhp.org/medi-cal-evidence-coverage. Here you can find:

- What is and what is not covered
- Your benefits and limits, in and out of our service area

Pharmacy Benefits

Find your pharmacy benefits at www.medi-calrx.dhcs.ca.gov/member. Here you will find:

- A list of medications
- When generic medicines are offered, can be changed and when medications need to be stepped
- How to ask for brand-name medicine
- How to ask for a medicine that is not covered
- How to find out if your medicines are covered, need approval or are limited
- Details about the therapeutic interchange protocol for meds that work in a similar way and step therapy for other meds

Make Payments and Claims

- Learn about what to do with fees, bills or other charges.
- Learn about a claim for a covered service you paid for.
- See pages 19 to 20 of the Medi-Cal EOC on “Costs” and “if you receive a bill from a healthcare provider.”

Find Care

Choose your primary care practitioner (PCP) at www.hpsj.com/find-a-provider. Our list shows each provider's language(s) spoken, gender and contact information. You can also find out about their license, the medical school they went to, and their residencies and board certification status. The provider search tool can also help you find hospitals; search where to find care during office hours and after office hours; where to find specialty care, emergency care, mental health care and hospital services; and learn about out-of-area care and coverage.

Improve Your Health

Online tools to handle and improve your health. Review your personal health assessment and health risks. Track your health goals. Learn about preventive health care visits. Find tips and tools to keep you healthy.

Stay Informed

Learn how Health Plan makes health care decisions. Health Plan does not financially reward a person for utilization management (UM) decisions. UM staff members are available Monday through Friday, from 8:30 a.m. to 5 p.m., to receive and respond to UM issues from members and providers. UM staff members can be reached at **1-209-942-6320** or **1-888-936-7526**. See how you can join our case management programs: www.hpsj.com/case-management. Caregivers can refer members, and members can also self-refer.

Reach Out to Us

Call our toll-free number at **1-888-936-PLAN (7526) TTY 711**, Monday through Friday, from 8 a.m. to 5 p.m., or visit www.hpsj-mvhp.org.

- Find out how to reach your doctor.
- Contact staff if you have questions about how we manage care and services.
- Learn about language help if English is not your preferred language.

Quality Improvement Program

Our Quality Improvement (QI) program puts your needs first. We focus on making programs to help give you the best care, which helps you stay healthy. Health Plan's QI team always works to improve the safety and quality of care for members. Each year, we check our QI program. We look for ways to improve and set new goals. Goals are shared with doctors to track member gaps in care and needs.

File a Complaint

The best way to take care of a complaint is to talk to your doctor. If you are not happy with the health care you received, you can file a grievance, also known as a complaint. You may also make an appeal on a medical decision. It is your right to file a complaint. You will not be discriminated against or lose your benefits. If you want to file a grievance, you can:

- Call Member Services at **1-888-936-PLAN (7526) TTY 711**, Monday through Friday, from 8 a.m. to 5 p.m.
- Visit www.hpsj.com/grievances-appeals to file your complaint or appeal online or to download a form to fax to us.



COVERAGE FOR

ALL

Immigration Status Does Not Matter

- Starting January 1, 2024, more people will be eligible for full Medi-Cal benefits.
- Applying for or using Medi-Cal will not affect your immigration status.
- As always, everyone is welcome to apply.

If you are 26 – 49 years old and qualify:

- **Until December 31, 2023:** You will get emergency Medi-Cal.
- **Starting January 1, 2024:** You will get full Medi-Cal.

Californians under 26 years of age, or over 50 years of age, are already eligible for full Medi-Cal.

If You Already Have Emergency Medi-Cal:

- You do not need to fill out a new application for full Medi-Cal.
- You will automatically be enrolled into full Medi-Cal on January 1, 2024.
- You may get a Medi-Cal renewal packet in the mail. Fill out and return as quickly as possible or you may lose your Medi-Cal.

Privacy:

When you apply for Medi-Cal, your personal information is kept private. It is only used to find out if you qualify.

Asset limits have increased. A new law means there will be no asset limits starting in 2024.

If you apply for Medi-Cal in 2024:

- Applications will not ask for asset information starting on January 1, 2024.
- Medi-Cal will consider income information but will not consider assets.
- Will not affect your immigration status.
- As always, everyone is welcome to apply.

Diabetes Prevention Program



One in three people has prediabetes, and most do not 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 point | 2 point | 3 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.

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

COVID-19: Stay up-to-date!

COVID-19 continues to impact our communities. Now with more options for vaccines and more information on our risks, we know how to keep our families safe.

To stay up-to-date on the latest vaccine information or for more resources regarding COVID-19, call Health Plan Customer Service at **1-888-936-PLAN (7526) TTY 711**; Monday through Friday, from 8 a.m. to 5 p.m.) or visit www.hpsj.com/covid-19-members-information.

People with COVID-19 have had a wide range of symptoms reported ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Anyone can have mild to severe symptoms.

Possible symptoms include:

- ✓ Fever or chills
- ✓ Cough
- ✓ Shortness of breath or difficulty breathing
- ✓ Fatigue
- ✓ Muscle or body aches
- ✓ Headache
- ✓ New loss of taste or smell
- ✓ Sore throat
- ✓ Congestion or runny nose
- ✓ Nausea or vomiting
- ✓ Diarrhea



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 8 a.m. to 5 p.m. for help with looking up any meds that are part of your medical benefit.

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.

الشعار بالعربية (Arabic)

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 برايل والخط الكبير. اتصل بـ **1-888-936-7526, TTY 711**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

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

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-888-936-7526, TTY 711**។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផ្សេងៗសម្រាប់ជនពិការភ្នែក 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。

مطلب به زبان فارسی (Farsi)

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 ntawv su thiab luam tawm ua tus ntawv 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: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-888-936-7526, TTY 711**.

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-888-936-7526, TTY 711**. 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 **1-888-936-7526, 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 ТТТ 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 ТТТ 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 Mantney 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>.

Men: When to Start Key Screenings

| AGE | RECOMMENDED TESTS |
|-----|------------------------------|
| 18 | Blood Pressure |
| 20 | Cholesterol |
| 45 | Colorectal Cancer & Diabetes |
| 50 | Lung Cancer |
| 55 | Prostate Cancer |

