



2023 Annual Notices Newsletter

How to Contact CalOptima Health

If you have questions or need help with your health care services, call CalOptima Health's Customer Service department at **1-714-246-8500**, or toll-free at **1-888-587-8088 (TTY 711)**, Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. You can also visit our website at www.caloptima.org.

After-Hours Advice:

- If you need after-hours medical advice, call your primary care provider's (PCP) office or the phone number on the back of your health network or medical group card.

Medical Emergency:

- Dial 9-1-1 or go to the nearest emergency room for a true medical emergency.

Get Information in Other Languages or Formats

Information and materials from CalOptima Health are available at no cost in large print, braille, data CD or audio format. Plan materials are available in English, Spanish, Vietnamese, Farsi, Korean, Chinese and Arabic. You can make a one-time or standing request to get plan materials in the available languages or other formats. To make a request, please call CalOptima Health Customer Service at **1-714-246-8500**, or toll-free at **1-888-587-8088 (TTY 711)**, Monday through Friday, from 8 a.m. to 5:30 p.m.

New Address or Phone Number?

We need your correct address and phone number to contact you about your health care. If you have a new address or phone number, please report it by calling:

- Your County of Orange Social Services Agency eligibility worker
- CalOptima Health’s Customer Service department
- United States Postal Service at **1-800-275-8777**

CalOptima Health Handbook, Provider Directory and Drug Benefit

The most current CalOptima Health Member Handbook, Provider Directory and Drug Benefit are available on our website at www.caloptima.org and upon request. To get a copy mailed to you, please call CalOptima Health Customer Service at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY 711), Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you by calling Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press 5 or 711).

Know Your Benefits and How to Get Care

CalOptima Health wants you to know your benefits and how to get care, including:

- Covered and excluded services
- Pharmacy procedures
- Payment of services, such as co-payments or what to do if you receive a bill
- Out-of-area services and benefit restrictions
- No-cost language assistance services
- Information about our providers and making an appointment with your PCP
- Care from a specialist, behavioral health care services and hospital services
- After-hours care
- Emergency medical services
- How to file a complaint or appeal
- New medical technology

For more about your benefits and services, please read the Member Handbook. Or you can visit our website at www.caloptima.org.

Facts about providers are on CalOptima Health’s online provider directory at www.caloptima.org.

You can also call CalOptima Health Customer Service to get a copy of the Member Handbook or Provider Directory.

Prior Authorization

What is Prior Authorization?

Prior authorization, or PA, is an approval for special medical services given by your health network. These services include:

- Specialty care
- Inpatient and outpatient hospital care
- Ancillary care, such as home health care
- Medical supplies
- Durable medical equipment (wheelchairs, walkers, etc.)
- Non-emergency medical transportation

The general response time for PAs is:

- Routine authorizations: 5 working days
- Urgent authorizations: 72 hours

Your PCP will decide if you need special medical services. Call your health network if you have questions about PA.

You can get preventive care, basic prenatal care, family planning and emergency services without PA. Women can see any women's health specialist (such as an obstetrician/gynecologist or certified nurse midwife) within their health network for basic prenatal care, breast exams, mammograms and pap tests without a referral or PA. You can call your women's health specialist directly to make an appointment.

Decisions About Your Health Care

If you need special medical services, our Utilization Management (UM) department will work with your doctor to decide if the services are appropriate. We base our decisions on your medical needs and Medi-Cal coverage and criteria. We do not reward our staff or your doctor if they do not approve services. Your doctor or our staff do not receive financial incentives for their decisions about your care.

As a CalOptima Health member, you have the right to ask about our UM process and decisions. If you have questions, please call CalOptima Health's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 711)** to be connected with a staff member who can answer questions about our UM process. Language services are available to help you speak with our UM staff.

Organ or Tissue Donation

Adults can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.

Understanding Your Drug Benefit

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, a Medi-Cal FFS program. Your provider can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.

Sometimes, a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

A pharmacist at your outpatient pharmacy may give you a 72-hour emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medication supply given by an outpatient pharmacy.

Medi-Cal Rx may say no to a non-emergency request. If they say no, they will send you a letter to tell you why. They will tell you what your choices are.

To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press 5 or **711**), visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press 5 or **711**).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Members may also receive transportation services from CalOptima Health to get to pharmacies. To learn more about transportation services, read “Transportation benefits for situations that are not emergencies” in the Member Handbook.

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Physician Administered Drug Prior Authorization Required List

CalOptima Health staff review prior authorization (pre-approval) requests for some drugs that are administered at the physician's office. CalOptima Health has a list of drugs that require prior authorization. This list is called the Physician Administered Drug Prior Authorization required list (PAD PA List).

This list can be found in the Members section at www.caloptima.org on the Medi-Cal Benefits webpage, by clicking on Prior Authorization. You can also call the CalOptima Health Customer Service department at **1-888-587-8088** (TTY 711), Monday through Friday, from 8 a.m. to 5:30 p.m., and ask us to mail the list to you.

How to Use the Physician Administered Drug Prior Authorization Required List

In the Prior Authorization section, you can find the PAD PA List under Procedure Codes. The PAD PA List is updated every three months and listed by month and year. The PAD PA List in the Procedure Codes will show a list of generic drugs that require prior authorization (pre-approval), which can be searched by the procedure code or generic name. You can also use the CalOptima Health website to see drugs that were recalled by the manufacturer.

Physician Administered Drug Prior Authorization Required List (PAD PA List) Updates

The CalOptima Health Pharmacy and Therapeutics Committee reviews new drugs and new uses of a drug on the PAD PA List every three months. This Committee has pharmacists and doctors who decide which drugs are included on the PAD PA List. They also review the rules or limits to put on a drug.

Pre-Approvals for Drugs on the CalOptima Health PAD PA List

If your doctor orders a drug that is on the PAD PA List, your doctor must ask for an approval from CalOptima Health first. Your doctor must submit an Authorization Request Form and provide us with your diagnosis and what drugs you have already tried. Your doctor must also tell us why the requested drug is medically required. For more information on the pre-approval process, see your Member Handbook.

How to Get More Information

CalOptima Health lets you know about pharmacy procedures and updates by mail or on our website if we tell you that it is available online. Online updates are every three months. We will mail updates to you if you do not have fax, email or internet access. To receive updates by mail or to learn more, contact the CalOptima Health Customer Service department toll-free at **1-888-587-8088** (TTY 711), Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. Visit us at www.caloptima.org.

CalOptima Health Is Here to Help You

You have the right to file a complaint if you are not happy with the care you are getting.

To File a Grievance or a Utilization Management (UM) Appeal

You can file a grievance if you are not happy with the care you are getting. You can file a UM appeal if your health network or CalOptima Health does not approve or pay, stops, changes or delays a service, and you do not agree. You can ask CalOptima Health to continue providing the service while we process your appeal. To do so, call us within 10 calendar days of getting the UM notice to stop or change a service you have already been getting. To file a grievance or UM appeal, call CalOptima Health's Customer Service department. Your CalOptima Health Member Handbook has more information about your grievance and appeal rights.

If you need help filling out your grievance or appeal forms, CalOptima Health staff is here to help you. If you speak another language, you may ask for an interpreter at no cost to you to help you file your grievance or appeal. If you want someone else to represent you, you must give us written notice.

To File a State Hearing

If you do not agree with your health network's or CalOptima Health's action or decision, you may ask for a State Hearing at any time. To do this, contact the Department of Social Services (DSS) within 120 days of the action or decision. A hearing is where you can present your concern directly to the State of California. You may do this yourself or have another person do it for you. DSS can get a free Legal Aid lawyer to help you.

To ask for a State Hearing, write to:

Department of Social Services
State Hearings Division
P.O. Box 944243, M.S. 9-17-37
Sacramento, CA 94244-2430

or

Call **1-800-952-5253**. TTY users can call **1-800-952-8349**.

Protecting You and the Health Care System

What Is Health Care Fraud?

Health care fraud is when a provider or person plans to do something dishonest, knowing that it could result in an illegal benefit for them or another person.

These are examples of possible health care fraud:

- Using someone else's CalOptima Health ID card
- Getting a bill for services or medicines covered by CalOptima Health
- Getting unneeded services from your provider
- Getting a bill for services you did not receive
- Getting a bill for supplies (like a wheelchair) that was not ordered by your provider or was not sent to you
- Getting medicines from your provider that you don't need
- Selling medicines to someone else that was prescribed to you

Fraud hurts all of us. If you suspect fraud, please report it by calling CalOptima Health's Compliance and Ethics Hotline at **1-855-507-1805 (TTY 711)**. **You do not have to give your name to report fraud.**

What Is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a set of rules that hospitals, health plans and health care providers have to follow. HIPAA helps staff make sure that all medical records, medical billing and patient accounts meet strict standards. CalOptima Health does not keep your medical records from your doctor. If you would like copies of your medical records, please contact your doctor or PCP office.

How Does CalOptima Health Keep Protected Health Information Safe?

Keeping your Protected Health Information (PHI) safe is very important to us. CalOptima Health staff members are trained to handle your PHI in a secure and private way. Our staff has agreed in writing to keep your information private. Only those who need to see your PHI to arrange or pay for covered health services are allowed to use your PHI.

Papers that have your PHI are kept securely locked in the CalOptima Health office. When we no longer need your PHI, these papers are shredded so that no one can read them.

We have built-in security in our computer system to keep anyone else from seeing your PHI. If your PHI is sent in an email or on an electronic device, CalOptima Health uses a system to scramble your PHI so that only those who are allowed to have your PHI can unlock the scramble so it can be read. For a copy of our Notice of Privacy Practices, visit our website at www.caloptima.org or contact CalOptima Health's Customer Service department.

Need Help From a Case Manager?

If you have health problems that are hard to manage, you may need help from a case manager. Case managers are registered nurses or social workers who can help you:

- Learn how to take care of your health
- Work with your doctors to manage your health care treatment
- Prepare a plan of care
- Solve problems with getting care

Your doctor can help you get case management services, or you can call your health network or CalOptima Health's Customer Service department.

Member Rights and Responsibilities

Your Rights

These are your rights as a member of CalOptima Health:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information
- To be provided with information about the health plan and its services, including covered services, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about CalOptima Health's member rights and responsibilities policy
- To be able to choose a PCP within CalOptima Health's network
- To have timely access to network providers
- To participate in decision-making with providers regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for CalOptima Health's decision to deny, delay, terminate or change a request for medical care
- To get care coordination
- To ask for an appeal of decisions to deny, defer or limit services or benefits
- To get no-cost interpreting and translation services for your language

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- To get free legal help at your local legal aid office or other groups
- To formulate advance directives
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with CalOptima Health and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
- To disenroll (drop) from CalOptima Health and change to another health plan in the county upon request
- To access minor consent services
- To get no-cost written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by CalOptima Health, your providers or the state
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside CalOptima Health's network pursuant to the federal law

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Your responsibilities

CalOptima Health members have these responsibilities:

- Knowing, understanding and following your Member Handbook
- Understanding your medical needs and working with your health care providers to create your treatment plan
- Following the treatment plan you agreed to with your health care providers
- Telling CalOptima Health and your health care providers what we need to know about your medical condition so we can provide care
- Making and keeping medical appointments and telling the office when you must cancel your appointment
- Learning about your medical condition and what keeps you healthy
- Taking part in health care programs that keep you healthy
- Working with and being polite to the people who are partners in your health care

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NONDISCRIMINATION NOTICE

Discrimination is against the law. CalOptima Health follows State and Federal civil rights laws. CalOptima Health 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.

CalOptima Health 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 CalOptima Health between 8 a.m. and 5:30 p.m., Monday through Friday, by calling **1-714-246-8500** or toll-free at **1-888-587-8088**. If you cannot hear or speak well, please call TTY at **711**. 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:

CalOptima Health
505 City Parkway West
Orange, CA 92868
1-714-246-8500 (TTY 711)

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HOW TO FILE A GRIEVANCE

If you believe that CalOptima Health 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 CalOptima Health. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact CalOptima Health between 8 a.m. and 5:30 p.m., Monday through Friday, by calling toll-free at **1-714-246-8500** or **1-888-587-8088**. Or, if you cannot hear or speak well, please call TTY at **711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
CalOptima Health Grievance and Appeals
505 City Parkway West
Orange, CA 92868
- **In person:** Visit your doctor's office or CalOptima Health and say you want to file a grievance.
- **Electronically:** Visit CalOptima Health's website at **www.caloptima.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 for 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.

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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>.

TAGLINES

English Tagline

ATTENTION: If you need help in your language call **1-888-587-8088** (TTY **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-587-8088** (TTY **711**). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-888-587-8088** (TTY **711**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريلا والخط الكبير اتصل بـ **1-888-587-8088** (TTY **711**). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

Ուշադրություն: Եթե քեզ օգնություն է հարկավոր քեր լեզվով, զանգահարեք **1-888-587-8088** (TTY **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-888-587-8088** (TTY **711**): Այդ ծառայություններն անվճար են:

ប្រាសាទខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-888-587-8088** (TTY **711**) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទទាក់លេខ **1-888-587-8088** (TTY **711**) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

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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 **1-888-587-8088 (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 **1-888-587-8088 (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 **1-888-587-8088 (TTY 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-587-8088 (TTY 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइनी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-888-587-8088 (TTY 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-587-8088 (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 **1-888-587-8088 (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 **1-888-587-8088 (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 **1-888-587-8088 (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。**1-888-587-8088 (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 **1-888-587-8088 (TTY 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-587-8088 (TTY 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໂພສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-888-587-8088 (TTY 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-888-587-8088 (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 **1-888-587-8088 (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 nzaih bun longc. Douc waac daaih lorx **1-888-587-8088 (TTY 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

2023 Annual Notices Newsletter

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-888-587-8088** (TTY **711**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕੰਪਿਊਟਰ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ **1-888-587-8088** (TTY **711**) ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ |

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-587-8088** (линия TTY **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-587-8088** (линия TTY **711**). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-888-587-8088** (TTY **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-587-8088** (TTY **711**). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-587-8088** (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 **1-888-587-8088** (TTY **711**). Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-587-8088** (TTY **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-587-8088** (TTY **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-587-8088** (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 **1-888-587-8088** (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 **1-888-587-8088** (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 **1-888-587-8088** (TTY **711**). Các dịch vụ này đều miễn phí.



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