



IMPORTANT CHANGES TO YOUR PLAN

☎ Toll free: 1-800-750-4776
Local: 650-616-2133
TTY: 1-800-735-2929 or dial 7-1-1

🌐 www.hpsm.org

Do we have the right mailing address for you?

If not, please let us know so that we can keep you informed about your benefits.

Important Changes to Medi-Cal

To keep your Medi Cal benefits, it's important to stay informed and act quickly.

Opening your mail, updating your contact information and reporting changes right away can help prevent delays or loss of coverage.

**Make sure your contact information is up to date
and take fast action to keep your benefits!**



When you get mail from San Mateo County Human Services Agency (HSA) or the California Department of Health Care Services (DHCS):

- Open the mail, read it carefully and respond as soon as you can
- Fill out the form and include any documents (pay stubs, etc.) and return them by the due date.
- If you miss the due date, make sure you still send the information. The information may still be accepted within 90 days.



If your address or phone number changes:

- Update your information online right away. Visit www.benefitscal.com or scan the QR Code. *Don't have an account? Sign up right away.*
- Or call San Mateo County HSA:
1-800-223-8383
TTY: **1-800-735-2929** or **7-1-1**
Monday through Friday from 8:00 a.m. to 5:00 p.m.



If your immigration status changes:

- Report the change to DHCS. Call **1-800-541-5555**.
- Find an office near you:
www.dhcs.ca.gov/Medi-Cal/Pages/county-office.aspx.

Changes in immigration status may change your eligibility for benefits.



Need help or have questions?

Call HSA at **1-800-223-8383**.

Find an office near you: www.smcgov.org/hsa/contact-us.

Providing access to healthcare services for our members is our top priority. HPSM protects personal information of all members. We comply with all privacy laws. Learn more at www.hpsm.org/privacy.



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

tel 650.616.0050
fax 650.616.0060
tty 800.735.2929 or dial 7-1-1

www.hpsm.org

May 28, 2026

Changes made to the 2026 Medi-Cal Member Handbook

Dear Member,

Helping members know their benefits helps us make sure they can stay healthy. You are getting this notice because an item in the 2026 Medi-Cal Member Handbook has changed:

- **Chapter 3 How to get care**
- **Chapter 4 Benefits and services**
- **Chapter 5 Child and youth well care**
- **Chapter 6 Reporting and solving problems**
- **Chapter 7 Rights and responsibilities**

The changes are explained in the attached notice. If you want to see the most up-to-date Medi-Cal Member Handbook, visit www.hpsm.org/medi-cal-materials.

If you have questions about this notice, please call Member Services at **1-800-750-4776** (toll-free) or **650-616-2133**. (TTY: **1-800-735-2929** or dial **7-1-1**.) Call Center hours are Monday through Friday from 8:00 a.m. to 6:00 p.m.

Sincerely,

Health Plan of San Mateo

3. How to get care

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask HPSM for permission before you get the care. This is called asking for pre-approval or prior authorization. It means HPSM must make sure the care is medically necessary (needed).

Medically necessary services are services that are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under age 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services **always** need pre-approval (prior authorization), even if you get them from a provider in the HPSM network:

- Hospitalization, if not an emergency
- Services out of the HPSM service area, if not an emergency or urgent care
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility (including adult and pediatric Subacute Care Facilities contracted with the Department of Health Care Services Subacute Care Unit) or intermediate care facilities (including Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N))
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency

Emergency ambulance services do not require pre-approval (prior authorization).

For standard pre-approval (prior authorization) requests, HPSM must respond to your request as soon as your health condition requires, but no more than five business days from when HPSM gets the information it asked for that it reasonably needs to decide (approve, change, or deny) your request. HPSM must respond, no more than seven calendar days from when HPSM gets your request.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 711. Visit online at www.hpsm.org/member/medi-cal.

If a provider or HPSM finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, HPSM will make a faster expedited pre-approval (prior authorization) decision. HPSM will respond as soon as your health condition requires, but no longer than 72 hours from when HPSM gets your request.

In certain cases, HPSM may need more information to decide (approve, change, or deny) your pre-approval (prior authorization) request. If this happens, HPSM has up to 14 more calendar days to decide. Once HPSM gets the needed information, it must make a decision as soon as your health condition requires, but no later than five business days for standard requests or 72 hours for expedited requests. Your provider can ask for an extension for HPSM to respond to standard requests. You can request an extension for standard **or** expedited requests. Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

HPSM does not influence the reviewers' decision to deny, change, or approve coverage or services in any way. If HPSM does not approve the request, HPSM will send you a Notice of Action (NOA) letter. The NOA will tell you how to file an appeal if you do not agree with the decision.

HPSM will contact you if HPSM needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the HPSM network or out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for certain sensitive care services. To learn more about sensitive care services, read "Sensitive care" later in this chapter.

For questions about pre-approval (prior authorization), call 1-800-750-4776 (TTY 1-800-735-2929 or 711).

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you might want a second opinion if you want to make sure your diagnosis is correct, you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan, and it has not worked.

HPSM will pay for a second opinion if you or your in-network provider asks for it, and



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you get the second opinion from an in-network provider. You do not need pre-approval (prior authorization) from HPSM to get a second opinion from an in-network provider. If you want to get a second opinion, we will refer you to a qualified in-network provider who can give you one.

To ask for a second opinion and get help choosing a provider, call 1-800-750-4776 (TTY 1-800-735-2929 or 711). Your in-network provider can also help you get a referral for a second opinion if you want one.

If there is no provider in the HPSM network who can give you a second opinion, HPSM will pay for a second opinion from an out-of-network provider. HPSM will tell you if the provider you choose for a second opinion is approved as fast as your medical condition requires, but no more than five business days from when HPSM gets the information it asked for that it reasonably needs to decide your request, HPSM must respond no more than seven calendar days from when HPSM gets your request.

If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, HPSM will tell you in writing within 72 hours of getting your request.

If HPSM denies your request for a second opinion, you can file a grievance. To learn more about grievances, read “Complaints” in Chapter 6 of this handbook.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.hpsm.org/member/medical.

4. Benefits and services

Medi-Cal benefits covered by HPSM

HPSM Dental services

Starting July 1, 2026:

If you are a Health Plan of San Mateo (HPSM) member, your Medi-Cal dental services are also provided by HPSM. There are some exceptions. If you do not qualify for federal full-scope Medi-Cal and are aged 19 or older, you may no longer be eligible for dental benefits through HPSM if:

- You are not pregnant or within one year postpartum (after pregnancy) or are designated by the county as foster youth or former foster youth. You can go to any Fee-for-Service (FFS) Medi-Cal Dental provider for **dental emergencies** only.
- You are designated by the county as pregnant or within one year postpartum (after pregnancy). You can go to any FFS Medi-Cal Dental provider for **full-scope** Medi-Cal.
- You are designated by the county as foster youth or former foster youth under age 26 and were in foster care on your 18th birthday. You can go to any FFS Medi-Cal Dental provider for **full-scope** Medi-Cal.

HPSM members can get help finding a dentist or getting dental services by calling 1-800-750-4776 (TTY 1-800-735-2929 or 711). If you are a Kaiser Foundation Health Plan member and need help finding a dentist or want to learn more about dental services, call the Medi-Cal Dental Telephone Service Center at 1-800-322-6384 (TTY 1-800-735-2922 or 711). Or go to the Medi-Cal Dental website at <https://www.dental.dhcs.ca.gov> or <https://smilecalifornia.org/>.

Starting July 1, 2026, Medi-Cal covers dental services for:



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 711. Visit online at www.hpsm.org/member/medi-cal.

- Members who qualify for federal full-scope Medi-Cal
- Members who do not qualify for federal full-scope Medi-Cal and meet at least one of the three exceptions below:
 - Under age 19,
 - Designated by the county as pregnant (and up to one year after pregnancy ends), and/or
 - Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday

Dental services include:

- Complete and partial dentures
- Crowns (prefabricated/laboratory)
- Diagnostic and preventive dental services such as examinations, X-rays, and teeth cleanings
- Emergency care for pain control
- Fillings
- Orthodontics for children who qualify
- Root canal treatments (anterior/posterior)
- Scaling and root planing
- Tooth extractions
- Topical fluoride

Dental check-ups for children

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about four to six months, "teething" will begin as the baby's teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

The following HPSM dental services are free or low-cost services for:

Babies age 0-3

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months, and sometimes more)
- X-rays
- Teeth cleaning (every 6 months, and sometimes more)
- Fluoride varnish (every 6 months, and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Kids age 4-12

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Molar sealants



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 711. Visit online at www.hpsm.org/member/medi-cal.

- Fillings
- Extractions (tooth removal)
- Root canals
- Emergency dental services
- *Sedation (if medically necessary)

Youths age 13 up to age 21 (starting July 1, 2026, there are some exceptions below)

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Partial and full dentures
- Scaling and root planing
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

* Providers should consider sedation and general anesthesia when they determine and document a reason local anesthesia is not medically appropriate, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

These are some of the reasons local anesthesia cannot be used and sedation or general anesthesia might be used instead:

- Physical, behavioral, developmental, or emotional condition that blocks the patient from responding to the provider's attempts to perform treatment
- Major restorative or surgical procedures
- Uncooperative child
- Acute infection at an injection site
- Failure of a local anesthetic to control pain

There are some exceptions starting **July 1, 2026**. If you do not qualify for federal full-scope Medi-Cal and are aged 19 or older, you may no longer be eligible for dental benefits through HPSM if:

- You are not pregnant or within one year postpartum (after pregnancy) or designated by the county as foster youth or former foster youth. You can go to any Fee-for-Service (FFS) Medi-Cal Dental provider for dental emergencies only.
- You are designated by the county as pregnant or within one year postpartum (after pregnancy). You can go to any FFS Medi-Cal Dental provider for full-scope Medi-Cal.
- You are designated by the county as foster youth or former foster youth under age 26 and were in foster care on your 18th birthday. You can go to any FFS Medi-Cal



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online
at www.hpsm.org/member/medi-cal.

Dental provider for full-scope Medi-Cal.

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Customer Service Line at 1-800-322-6384 (TTY 1-800-735-2922 or 711), or go to <https://smilecalifornia.org/>.

6. Reporting and solving problems

State Hearings

A State Hearing is a meeting with HPSM and a judge from the California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether HPSM made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with HPSM and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our Notice of Appeal Resolution (NAR) letter. If we gave you Aid Paid Pending during your appeal and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter or before the date we said your services will stop, whichever is later.

If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact HPSM between Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling 1-800-750-4776. If you cannot hear or speak well, call 1-800-735-2929 or 711. Your authorized representative or provider can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

For example, if HPSM did not notify you correctly or on time about your services, you can request a State Hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make a Notice of Action (NOA) or NAR letter available to you in your preferred language
- We made a mistake that affects any of your rights
- We did not give you an NOA letter



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.hpsm.org/member/medi-cal.

6 | Reporting and solving problems

- We did not give you an NAR letter
- We made a mistake in our NAR letter
- We did not decide your appeal within 30 days
- We decided your case was urgent but did not respond to your appeal within 72 hours

You can ask for a State Hearing in these ways:

- **By phone:** Call CDSS' State Hearings Division at 1-800-743-8525 (TTY 1-800-952-8349 or 711)
- **By mail:** Fill out the form provided with your appeals resolution notice and mail it to:

California Department of Social Services
State Hearings Division
744 P Street, MS 09-17-433
Sacramento, CA 95814
- **Online:** Request a hearing online at www.cdss.ca.gov
- **By email:** Fill out the form that came with your appeals resolution notice and email it to Scopeofbenefits@dss.ca.gov
 - Note: If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.
- **By Fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division at 916-309-3487 or toll free at 1-833-281-0903

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-800-750-4776 (TTY 1-800-735-2929 or 711).

At the hearing, you will tell the judge why you disagree with HPSM's decision. HPSM will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. HPSM must follow what the judge decides.

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than three business days after it gets your complete case file from HPSM.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.hpsm.org/member/medi-cal.

7. Rights and responsibilities

As a member of HPSM, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of HPSM.

Notice of Action

HPSM will send you a Notice of Action (NOA) letter any time HPSM denies, delays, terminates, or modifies a request for health care services. If you disagree with HPSM's decision, you can always file an appeal with HPSM. Go to the "Appeals" section in Chapter 6 of this handbook for important information on filing your appeal. When HPSM sends you a NOA it will tell you all the rights you have if you disagree with a decision we made. If you get this notice from anyone other than HPSM or HPSM subcontractor, contact HPSM right away.

Contents in notices

If HPSM bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action HPSM intends to take
- A clear and concise explanation of the reasons for HPSM's decision
- How HPSM decided, including the rules HPSM used
- The medical reasons for the decision. HPSM must clearly state how your condition does not meet the rules or guidelines.
- Information about your right to request free of charge copies of all documents and records relevant to the NOA.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.hpsm.org/member/medi-cal.

Translations

HPSM is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for HPSM's decision to deny, delay, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, HPSM is required to offer verbal help in your preferred language so that you can understand the information you get.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online
at www.hpsm.org/member/medi-cal.

NONDISCRIMINATION NOTICE

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

HPSM 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 HPSM Member Services between Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling **1-800-750-4776**. If you cannot hear or speak well, please call TTY **1-800-735-2929** or **7-1-1**). Upon request, this document can be made available to you in braille, large print, electronic or audio format. To obtain a copy in one of these alternative formats, please call or write to:

Health Plan of San Mateo
Attn.: Member Services
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
1-800-750-4776 or 650-616-2133
TTY/TDD:1-800-735-2929 7-1-1

HOW TO FILE A GRIEVANCE

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

- By phone: Contact between Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling **1-800-750-4776**. Or, if you cannot hear or speak well, please call TTY **1-800-735-2929** or dial **7-1-1**.
- In writing: Fill out a complaint form or write a letter and send it to:

Health Plan of San Mateo
Attn.: Civil Rights Coordinator
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

- In person: Visit your doctor's office or HPSM and say you want to file a grievance.
- Electronically: Visit HPSM's website at grievance.hpsm.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 **7-1-1** (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 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:

- 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>.

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Ang pahinang ito ay sadyang iniwan na blangko.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call **1-800-750-4776** (TTY: **1-800-735-2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-750-4776** (TTY: **1-800-735-2929**) These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-800-750-4776** (TTY: **1-800-735-2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-800-750-4776** (TTY: **1-800-735-2929**). هذه الخدمات مجانية.

Հայերեն (Armenian)

Ուժեղացված լեզվային օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-750-4776** (TTY: **1-800-735-2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **1-800-750-4776** (TTY: **1-800-735-2929**): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-800-750-4776** (TTY: **1-800-735-2929**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-800-750-4776** (TTY: **1-800-735-2929**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese)

请注意: 如果您需要以您的母语提供帮助, 请致电 **1-800-750-4776** (TTY: **1-800-735-2929**)。另外还提供针对残疾人士的帮助和服务, 例如盲文和需要较大字体阅读, 也是方便取用的。请致电 **1-800-750-4776** (TTY: **1-800-735-2929**)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-800-750-4776** (TTY: **1-800-735-2929**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-800-750-4776** (TTY: **1-800-735-2929**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-800-750-4776** (TTY: **1-800-735-2929**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-800-750-4776** (TTY: **1-800-735-2929**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-750-4776** (TTY: **1-800-735-2929**). 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 **1-800-750-4776** (TTY: **1-800-735-2929**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1-800-750-4776** (TTY: **1-800-735-2929**)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。 **1-800-750-4776** (TTY: **1-800-735-2929**)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 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-800-750-4776** (TTY: **1-800-735-2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-800-750-4776** (TTY: **1-800-735-2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-800-750-4776** (TTY: **1-800-735-2929**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕຮິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-800-750-4776** (TTY: **1-800-735-2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-800-750-4776** (TTY: **1-800-735-2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-800-750-4776** (TTY: **1-800-735-2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-800-750-4776** (TTY: **1-800-735-2929**). ਆਚਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-800-750-4776** (TTY: **1-800-735-2929**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-750-4776** (линия TTY: **1-800-735-2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-800-750-4776** (линия TTY: **1-800-735-2929**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-800-750-4776** (TTY: **1-800-735-3000**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-750-4776** (TTY: **1-800-735-2929**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-750-4776** (TTY: **1-800-735-2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-750-4776** (TTY: **1-800-735-2929**). Libre ang mga serbisyo ng ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-750-4776** (TTY: **1-800-735-2929**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-750-4776** (TTY: **1-800-735-2929**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-750-4776** (TTY: **1-800-735-2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-750-4776** (TTY: **1-800-735-2929**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-750-4776** (TTY: **1-800-735-2929**). 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 **1-800-750-4776** (TTY: **1-800-735-2929**). Các dịch vụ này đều miễn phí.



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