

# FOCUS YOUR HEALTH

**Call your doctor to see if you need any of these exams:**



Breast Cancer Screening



Cervical Cancer Screening



Colorectal Cancer Screening



Diabetes A1C (Blood Sugar) Exam



Flu Shot



Immunizations for Kids and Teens



Lead Screening



Prenatal Visits and Immunizations



Preventative Health for Adults



Postpartum Visit and Depression Screening



Well Child: 0-15 months, 15-30 months, 3-21 years

**myRewards** 

**You may be eligible for a reward! Visit [www.hpsj.com/myrewards](http://www.hpsj.com/myrewards).** myRewards are eligible for services provided 1/1/25 through 12/31/25.

\$25



**Need assistance?**

Call **1-888-936-PLAN (7526)**  
**TTY 711**, Monday through  
Friday, 8:00 a.m. - 5:00 p.m.

**Services are available at no cost to members. There have been no changes to your benefits.**



## 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 **1-888-936-7526 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.



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



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.**



# Medi-Cal Renewals

**Your Medi-Cal needs to be renewed each year to keep your benefits.** The county reviews your case around the anniversary date of your first application to determine if you and your family members still qualify for Medi-Cal. Immigration Status is not a factor in determining Medi-Cal eligibility.

After review, you will get a letter in the mail that tells you if your Medi-Cal was automatically renewed or if your county needs more information to determine your Medi-Cal eligibility. 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.



## How can I turn in my renewal forms?

- Online at BenefitsCal.com
- Mail the packet back to your county office
- Visit your county office in person
- Call your county office

### **Alpine County:**

75 Diamond Valley Rd, Unit A,  
Markleeville, CA 96120  
1-530-694-2235

### **El Dorado County (Placerville):**

3057 Briw Rd, Suite A  
Placerville, CA 95667  
1-530-642-7300

### **El Dorado County (South Lake Tahoe):**

3368 Sandy Way  
South Lake Tahoe, CA 96150  
1-530-573-3200

### **San Joaquin County -**

#### **Human Services Agency**

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

### **Stanislaus County -**

#### **Community Services Agency**

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



# Cervical Cancer

*Your Questions Answered*

<b>What is a pap smear?</b>	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.
<b>Why should I care about cervical cancer?</b>	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.
<b>What is HPV?</b>	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.
<b>Can I stop HPV?</b>	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.
<b>Who should get a pap smear?</b>	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.
<b>Is getting a pap smear painful?</b>	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.



**HealthReach 1120**

**[www.hpsj.com/womens-health](http://www.hpsj.com/womens-health)**

# Let's Speak Your Language, Together



You can get no-cost interpreter help at all medical visits. Talk to your provider to find the language help you need. You can get member materials in the language and format you want, such as Braille, large print and audio. You can find provider race/ethnicity information through the online provider directory. Interpreters are ready to help you 24 hours a day, 7 days a week and 365 days a year via phone, video, or in-person. 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.

**Health Plan can help you get an interpreter.** Please call Customer Service at **1-888-936-7526 TTY 711** Monday-Friday, 8AM-5PM.





## Meatball Soup

### INGREDIENTS

- 6 cups water
- 1/3 cup brown rice
- 3 low-sodium beef- or chicken-flavored bouillon cubes or 1 tablespoon low-sodium bouillon powder
- 4 sprigs fresh oregano, finely chopped
- 8 ounces lean ground beef, turkey, or chicken
- 1 tomato, finely chopped
- 1/2 onion, peeled and finely chopped
- 1 large egg
- 1/2 teaspoon salt
- 2 cups chopped fresh vegetables

### PREPARATION

In a large pot, combine water, rice, bouillon cubes, and oregano. Bring to a boil, stir to dissolve bouillon, then reduce heat and simmer.

In a bowl, mix ground meat, tomato, onion, egg, and salt. Form into 12 meatballs.

Add meatballs to the broth and simmer for 30 minutes.

Add vegetables and cook for 10-15 minutes until meatballs are cooked and rice and vegetables are tender.

*Scan for recipe and nutritional info!*



## Mini Omelets

### INGREDIENTS

Cooking spray

1 large egg

1 tablespoons low-fat milk or water

Salt and black pepper to taste

*Additions: Shredded chicken, salsa verde, red hot sauce, fresh bell pepper (diced), fresh zucchini*

### PREPARATION

- Grease a mug with cooking spray.
- Beat egg, milk or water, salt, and pepper with a fork
- Stir in desired additions (chicken and salsa, bell pepper and zucchini, or hot sauce).
- Pour into the mug.
- Microwave for 1 minute. If not fully cooked, microwave 30-60 more seconds.

*Scan for recipe and nutritional info!*



# Diabetes Prevention Program



One in three people have 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:

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



*Ready to prevent type 2 diabetes? Visit [www.hpsj.com/dpp](http://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 points
40-49 years	1 point
50-59 years	2 points
60 years or older	3 points
2. Are you a man or a woman?	
Man	1 point
Woman	0 points
3. If you are a woman, have you ever been diagnosed with gestational diabetes?	
Yes	1 point
No	0 points



**4. Do you have a mother, father, sister or brother with diabetes?**

Yes

1 point

No

0 points

**5. Have you ever been diagnosed with high blood pressure?**

Yes

1 point

No

0 points

**6. Are you physically active?**

Yes

0 points

No

1 point

**7. What is your weight category**

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

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+
	<b>1 point</b>	<b>2 points</b>	<b>3 points</b>

**Total**

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

**Learn more:**  
[www.hpsj.com/prediabetes](http://www.hpsj.com/prediabetes)



## 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](http://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](http://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](http://www.hpsj.com/benefits-pharmacy)**. You can also call Customer Service **1-888-936-7526 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.*

## Tell Us About the Care You Receive

**The Clinic and Group (CG) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey is here.**



### **We want to hear from you!**

If you have visited your Provider or Physician recently, you may receive a survey in the mail to tell us about your care. Please fill out the survey and return it via mail or use the online option. We want to be sure that you receive the best quality health care. This brief survey should only take about 15 minutes or less of your time.

*Completing the survey does not change your coverage or benefits.*

## **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 Customer Service at **1-888-936-7526 TTY 711**; Monday through Friday from 8 a.m. to 5 p.m. or visit **[www.hpsj.com/covid-19-members-information](http://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                             | ✓ Headache                   |
| ✓ Cough                                       | ✓ New loss of taste or smell |
| ✓ Shortness of breath or difficulty breathing | ✓ Sore throat                |
| ✓ Fatigue                                     | ✓ Congestion or runny nose   |
| ✓ Muscle or body aches                        | ✓ Nausea or vomiting         |
|   | ✓ Diarrhea                   |



## FREE HELP FILING YOUR TAXES

**San Joaquin County residents – Health Plan of San Joaquin will offer no-cost tax filing services at our French Camp office in February.**

This free service is part of the federal VITA program (Volunteer Income Tax Assistance). You can see if you qualify for help and set up an appointment by calling 211.

VITA is offered by trained volunteers for low-income individuals, persons with disabilities, the elderly, and limited English speakers file their taxes.

VITA can help you look for tax credits, too. Finding tax credits may help you get a larger return. Getting extra money back can help with basic needs like food, housing and child care costs.

**You must earn \$68,000 or less per year to get help from VITA. If you need tax help, call 211 or visit [www.hpsj-mvhp.org](http://www.hpsj-mvhp.org) for more information.**



**There are sites and help also available in Stanislaus, El Dorado and Alpine. Find a VITA site near you at [www.hpsj-mvhp.org](http://www.hpsj-mvhp.org)**

*This effort is in partnership with other agencies who can help you file taxes. Thank you to our partners for including Health Plan in this important work!*



United Way of San Joaquin County



Stockton Campus  
STANISLAUS STATE





## Celebrating one year of community, partnership, and wellness!

Thank you to our members in El Dorado and Alpine counties for choosing Mountain Valley Health Plan.

*We are proud to serve you!*



*Health Plan staff at our Meet and Greet in Placerville.*



*Staff connecting with a community member at the Georgetown Divide Ready by 21 Expo.*



*Our office in Placerville located at 4327 Golden Center Drive.*



Take a look at our Placerville office!  
[vimeo.com/1015440198](https://vimeo.com/1015440198)





# 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)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: 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

معلولیت، 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.

### ແຫກໄລພາສາລາວ (Laotian)

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

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນຸນແລະມີໂຕພິມໃຫຍ່ 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 ਅਪਣੀ 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 serbisyong 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**

Health Plan of San Joaquin/Mountain Valley Health Plan (“Health Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, ancestry, national origin, age, gender, sex, ethnic group identification, mental disability, physical disability, medical condition, genetic information, marital status, gender identification or sexual orientation.

Upon request, this document can be made available to you in braille, large print, audio, or electronic form. To obtain a copy in one of the 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**

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**

- 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](http://www.hpsj-mvhp.org).





