Health Plan of San Joaquin

Mountain Valley Health Plan

Advantage D-SNP

Summary of Benefits

2026

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Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO), a Medicare Medi-Cal Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a summary of health services covered by Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP for January 1 – December 31,2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the ***Member Handbook*** is available on our website at www.hpsj.mvhp.org. You may also call Customer Service at 1-888-361-7526 (TTY: 711) seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30 to ask us to mail you a ***Member Handbook.***

- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP is an HMO with a Medicare and a Medi-Cal contract. Enrollment in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP depends on contract renewal. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP Customer Service toll free at 1-888-361-7526 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30.

- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.

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

English

ATTENTION: If you need help in your language, call **1-888-361-7526 (TTY: 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-361-7526 (TTY: 711)**. These services are free of charge.

العربية (Arabic)

يرجى الانتباه: إذا احتجت المساعدة بلغتك، فاتصل بـ .
1-888-361-7526 (TTY: 711) تتوفر أيضا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل بـ.
1-888-361-7526 (TTY: 711)هذه الخدمات مجانية

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-888-361-7526 (TTY: 711)**: Կան նաև օժանդակ միջոցներու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-888-361-7526 (TTY: 711)**: Այս ծառայություններն անվճար են:

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-888-361-7526 (TTY: 711)**。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 **1-888-361-7526 (TTY: 711)**。这些服务都是免费的。

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-888-361-7526 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-888-361-7526 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो **1-888-361-7526 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-361-7526 (TTY: 711)** पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-888-361-7526 (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 **1-888-361-7526 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意：日本語の対応が必要な場合は、**1-888-361-7526 (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を用意しています。**1-888-361-7526 (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 **(Korean)**
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-361-7526 (TTY: 711) 번으로 의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-361-7526 (TTY: 711) 번으로 의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໃຫ້ໂທຫາເບີ **1-888-361-7526 (TTY: 711)**. ຍັງມີຄວາ ຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່, ໃຫ້ໂທຫາເບີ **1-888-361-7526 (TTY: 711)**. ການບໍລິການເຫຼ່ານີ້ແມ່ນບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໆ

Mien
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-361-7526 (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 hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-888-361-7526 (TTY: 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ **1-888-361-7526 (TTY: 711)**។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុសសម្រាប់ជនពិការ និងជាពុម្ពអក្សរធំក៏អាចរកបានផងដែរ។ ទូរសព្ទទៅលេខ **1-888-361-7526 (TTY: 711)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ ។

فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-888-361-7526 (TTY: 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-361-7526 (TTY: 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-361-7526 (TTY: 711)**. Предоставляются также средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-361-7526 (TTY: 711)**. Такие услуги предоставляются бесплатно

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al **1-888-361-7526 (TTY: 711)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-361-7526 (TTY: 711)**. Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-361-7526 (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 **1-888-361-7526 (TTY: 711)**. Libre ang mga serbisyong ito.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). นอกจากนี้ ยังพร้อมให้ค วามช่วยเหลือและบริการต่าง ๆ สาหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่. กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). ไม่มีค่าใช้จ่ายสาหรับบริการเหล่านี้.

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-361-7526 (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 **1-888-361-7526 (TTY: 711)**. Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-361-7526 (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 bản in khổ chữ lớn. Vui lòng gọi số **1-888-361-7526 (TTY: 711)**. Các dịch vụ này đều miễn phí.

- This document is available for free in Spanish, Cambodian, and Vietnamese.
- You can get this document for free in other formats, such as large print, braille, data CD, or audio.
- Call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP to share your preferred language or format. We will ask if the request is for one document or for all.
- If you request English, Spanish, Cambodian, Vietnamese, or other format for all documents, this is called a standing request. Your preference will be kept in our system for all future mailings and communications. You only have to request these options once. Requests for other languages must be made for each document.
- To update your preference any time, call 1-888-361-7526 (TTY 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. The call is free. **For more information**, visit www.hpsj-mvhp.org.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-Term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP that I get now? (continued on the next page)	You'll get most of your covered Medicare and Medi-Cal benefits directly from Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP, you and your care team will work together to develop care plan to address your health and support needs, reflecting your personal preferences and goals.

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Frequently Asked Questions	Answers
Will I get the same Medicare and Medi-Cal benefits in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP that I get now? (continued from previous page)	If you're taking any Medicare Part D drugs that Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.
Can I use the same doctors I use now? (continued on the next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Health Plan of San Joaquin/Mountain Valley Health Plan's Advantage network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Health Plan of San Joaquin/ Mountain Valley Health Plan Advantage D-SNP plan. Please refer to list of covered services for coverage and limitations. • If you are currently under treatment with a provider that is out of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP's network, or have an established relationship with a provider that is out of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP's network, call

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page and continued on the next page)	Customer Service to check about staying connected and ask for continuity of care. • If our plan is new for you, you can keep using the doctors you use now for a certain amount of time, if they are not in our network. We call this continuity of care. If your doctors are not in our network, you can keep your current providers and service authorizations at the time you enroll for up to 12 months if all of the following conditions are met: o You, your representative, or your provider asks us to let you keep using your current provider. o We establish that you had an existing relationship with a primary or specialty care provider, with some exceptions. When we say "existing relationship," it means that you saw an out-of-network provider at least once for a non-emergency visit during the 12 months before the date of your initial enrollment in our plan. • We determine an existing relationship by reviewing your available health information or information you give us. • We have 30 days to respond to your request. You can ask us to make a faster decision, and we must respond in 15 days. • You or your provider must show documentation of an existing relationship and agree to certain terms when you make the request.

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Frequently Asked Questions	Answers
Can I use the same doctors I use now?	Note: You can only make the request for services of Durable Medical Equipment (DME), transportation, or other ancillary services not included in our plan. You cannot make this request for providers of DME, transportation or other ancillary providers. After the continuity of care period ends, you will need to use doctors and other providers in Health Plan of San Joaquin's Advantage network, unless we make an agreement with your out-of-network doctor. A network provider is a provider who works with the health plan. Refer to Health Plan of San Joaquin's *Member Handbook* Chapter 1 for more details. To find out if your doctors are in the plan's network, call Customer Service at the numbers listed at the bottom of this page or read Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP's Provider and Pharmacy Directory on the plan's website at www.hpsj-mvhp.org. If Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP is new for you, we will work with you to develop a care plan to address your needs.
What's a Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP care coordinator?	A Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.

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Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care manager or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP will pay for the cost of an out-of-network provider.
Where is Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP available?	The service area for this plan includes: San Joaquin, Stanislaus, Alpine, and El Dorado, CA counties. You must live in one of these areas to join the plan.
What's prior authorization? (continued on next page)	Prior authorization means an approval from Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Health Plan of San

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Frequently Asked Questions	Answers
What's prior authorization? (continued from previous page)	Joaquin/Mountain Valley Health Plan Advantage D-SNP may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP can provide you or your provider with a list of services or procedures that require you to get prior authorization from Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP may not cover the services. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.

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Frequently Asked Questions	Answers
Do I pay a deductible as a member of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP?	No. You don't pay deductibles in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP?	There's no cost sharing for medical services in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, prior authorization is required.
	Doctor or surgeon care	$0	Requires prior authorization.
	Outpatient hospital services, including observation	$0	
	Ambulatory surgical center (ASC) services	$0	Requires prior authorization.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	
	Specialist care	$0	Prior authorization requested for out of network providers.
	Wellness visits, such as a physical	$0	Our plan covers an annual wellness visit to make or update your care plan to help prevent illness. We pay for this once every 12 months calendar year.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued from previous page)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Vaccines, including flu shots (once each flu season in the fall and winter), Hepatitis B shots if you are high or intermediate risk of getting hepatitis B, COVID-19 vaccine, pneumonia vaccines and other vaccines if you are at risk that meet Medicare Part B coverage rules. Other adult vaccines may be covered under Part D. Refer to Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP(HMO) *Member Handbook* Chapter 4 for more details.
	"Welcome to Medicare" (preventive visit one time only)	$0	You can get a "Welcome to Medicare" preventive visit once within the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor's office you want to schedule your "Welcome to Medicare" preventive visit.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	Emergency room services are also covered out-of-network and without prior authorization. Not covered outside of the U.S. except in limited situations.
	Urgent care	$0	Urgent care is covered in and out of network without prior authorization. Not covered outside of the U.S. except in limited situations.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Diagnostic procedure tests such as blood tests, urinalysis, and screenings. Prior authorization may be required for some tests. Prior authorization may be required for some lab services. Prior authorization may be required for some CT and MRI with contrasts.
	Lab tests and diagnostic procedures, such as blood work	$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	$0	Hearing screenings include exams to diagnose and treat hearing and balance issues.
	Hearing aids	$0	Supplemental Our plan pays up to $1500 above the state Medi-Cal limit of $1,510 per year for hearing aids, molds, modifications and accessories. Total benefit applies to either or both ears.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	~~Starting July 1, 2026, Medi-Cal covers dental check-ups and preventative care for:~~ • ~~Members who are eligible for federal full-scope Medi-Cal~~ • ~~Members who are not eligible for federal full-scope Medi-Cal and meet at least one of the 3 exceptions below:~~ o ~~Under age 19;~~ o ~~Designated by the county as pregnant (and up to one year after pregnancy ends); and/or~~

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			~~o Designated by the county as foster youth or former foster youth under age 26 who were in foster care on their 18th birthday.~~ Medi-Cal covers dental check-ups and preventative care. Certain dental services are available through the Medi-Cal Dental Program or FFS Medi-Cal. If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at: https://smilecalifornia.org/contact-us/.
	Restorative and emergency dental care	$0	~~Starting July 1,2026, Medi-Cal covers dental restorative care for:~~ ~~• *Members who are eligible for federal full-scope Medi-Cal*~~ ~~• *Members who are not eligible for federal full-scope Medi-Cal and meet at least one of the 3 exceptions below:*~~ ~~o *Under age 19;*~~ o ~~*Designated by the county as pregnant (and up*~~

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Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			~~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~~ Medi-Cal covers dental restorative and emergency dental care. Certain dental services are available through the Medi-Cal Dental Program or FFS Medi-Cal. If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at: https://www.dental.dhcs.ca.gov or https://smilecalifornia.org/.
You need eye care	Eye exams	$0	Medically Necessary Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) Supplemental Routine eye exam (up to 1 every year)
	Glasses or contact lenses	$0	Medically Necessary

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			One (1) pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery Supplemental $300 hardware benefit every two years (towards lenses, frames or contacts).
	Other vision care	$0	
You need mental health services (continued on the next page)	Mental health services	$0	Outpatient mental include, but not limited to the following: • Individual and group mental health evaluation and treatment • Intensive Outpatient Program (IOP) services • Partial Hospitalization Program (PHP) services • Psychological testing to evaluate a mental health condition • Electroconvulsive Therapy (ECT) • Transcranial Magnetic Stimulation (TMS)

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued from previous page and continued on the next page)			• Inpatient mental health services For questions about mental health services call our Customer Service line at **1-888-361-7526** (TTY: **711**), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. The county mental health plan (MHP) covers moderate/severe functional impairments if you meet criteria. These services are provided by: San Joaquin County Behavioral Health Services 1-209-468-9370 Stanislaus County Behavioral Health & Recovery Services 1-888-376-6246 Alpine County Behavioral Health Services 1-530-694-1816 El Dorado County Behavioral Health Services 1-800-929-1955

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued from previous page)	Inpatient and outpatient care and community-based services for people who need mental health services	$0	You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limit only if certain conditions are met. The limitation does not apply to inpatient psychiatric services furnished in a general hospital. For questions about mental health services call our Customer Service line at **1-888-361-7526** (TTY: **711**), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by: San Joaquin County Behavioral Health Services 1-209-468-9370 Stanislaus County Behavioral Health & Recovery Services 1-888-376-6246 Alpine County Behavioral Health Services 1-530-694-1816

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			El Dorado County Behavioral Health Services 1-800-929-1955
You need substance use disorder services (continued on the next page) **You need substance use disorder services (continued from previous page)**	Substance use disorder services	$0	Substance abuse services include: • Alcohol and Drug Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT) • Inpatient medical detoxification, when medically necessary • Opioid Treatment Program (OTP) services For questions about substance use disorder services call our Customer Service line at **1-888-361-7526** (TTY: **711**), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. Substance use services are offered through County Mental Health Plans: San Joaquin County Behavioral Health Services 1-209-468-9370

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Stanislaus County Behavioral Health & Recovery Services 1-888-376-6246 Alpine County Behavioral Health Services 1-530-694-1816 El Dorado County Behavioral Health Services 1-800-929-1955
You need a place to live with people available to help you (continued on the next page) **You need a place to live with people available to help you (continued from previous page)**	Skilled nursing care	$0	Requires prior authorization Covers semi-private rooms, meals, skilled nursing and rehabilitative services, and other services and supplies that are medically necessary after a 3-day minimum. To qualify for care in a skilled nursing facility, the doctor must certify that daily skilled care is needed. Covers 100 days of care in a SNF during each benefit period.
	Nursing home care	$0	Requires prior authorization
	Adult Foster Care and Group Adult Foster Care	$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Requires prior authorization Must meet eligibility criteria to receive
You need help getting to health services (continued on the next page)	Ambulance services	$0	Non-Emergent Ambulance Transportation requires prior authorization
	Emergency transportation	$0	
You need help getting to health services (continued from previous page)	Transportation to medical appointments and services	$0	Non-Medical Transportation (NMT): Health Plan allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. Health Plan will cover the lowest cost of non-medical transportation type that meets your needs. To request a ride for services that have been authorized, call Health Plan at 1-888-361-7526 (TTY: 711) at least seven (7) to ten (10) business days (Monday-Friday) before your appointment, or as soon as you can when you have an urgent appointment.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Non-Emergency Medical Transportation (NEMT): This benefit includes ambulance, litter/gurney van and wheelchair van medical transportation for non-emergency care. Health plan requires prior authorization from a provider. To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call Health Plan at 1-888-361-7526, TTY 711 at least seven (7) to ten (10) business days (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Brand Tier 5: Specialty Tier	Tier 1: $0 for a 30-day supply. Tier 2: $1.60 or $5.10 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP's *List of Covered Drugs* (*Drug List*) for more information.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Tier 6: Select Care Drugs	Tier 3: $4.90 or $12.65 for a 30-day supply. Tier 4: $4.90 or $12.65 for a 30-day supply. Tier 5: For generics medications, $1.60 or $5.10 for a 30-day supply., for brand medications $4.90 or $12.65 for a 30-day supply. Tier 6: $0 for a 30-day supply. Copays for drugs may vary based on the	Once you or others on your behalf pay $2,100 you've reached the catastrophic coverage stage, and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. In most cases, unless specified in Health Plan of San Joaquin/Mountain Valley Health Plan's *List of Covered Drugs* (*Drug List*), you can get an extended day supply of covered drugs at any in-network retail or mail-order pharmacy. Your copay for an extended day supply is the same as a one-month (30-day) supply. Extended day supplies available for each tier are below: Tier 1:100-day supply Tier 2: 90-day supply Tier 3: 90-day supply Tier 4: 90-day supply Tier 5: Extended day supply not available Tier 6: 100-day supply

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
		level of Extra Help you get. Please contact the plan for more details.	
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP List of Covered Drugs (Drug List) for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization is required
	Medical equipment for home care	$0	Prior authorization is required
	Dialysis services	$0	
You need foot care	Podiatry services	$0	Diagnosis and medical or surgical treatment of injuries and diseases of the foot. Routine foot care for members with conditions affecting the legs, such as diabetes. Prior authorization required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the *Member Handbook*.**	Orthotic services	$0	Orthotics are covered when medically necessary. Prior authorization may be required. Coverage is based on Medicare guidelines.
	Wheelchairs, crutches, and walkers	$0	Prior authorization is required
	Nebulizers	$0	Prior authorization is required
	Oxygen equipment and supplies	$0	Prior authorization is required
You need help living at home (continued on the next page)	Home health services	$0	Requires prior authorization
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	For information contact, In-Home Supportive Services programs for your county at: San Joaquin Human Services Agency 1-209-468-1104 Stanislaus County Community Services Agency 1-209-558-2637 Alpine Health & Human Services 1-530-694-2235

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page and continued on the next page)			El Dorado Health & Human Services 1-530-642-4800 If you need or would like to find out which Community Supports may be available for you, call **1-888-361-7526** (TTY **711**) or call your health care provider.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	Prior authorization is required. Eligibility to participate in community-based adult services (CBAS) also formerly known as Adult Day Health Care (ADHC) is determined by an assessment and individualized plan of services that meets your specific health and social needs. CBAS is a managed care benefit, so it is covered by health plan. Note: If a CBAS facility is not available, health plan can explore an alternative facility and/or services that will best meet your needs. For information on how to qualify for CBAS, call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP at **1-888-361-7526** (TTY **711**)

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Day habilitation services	$0	Authorization rules may apply. Contact plan or call your health care provider. If you need or would like to find out which Community Supports may be available for you, call **1-888-361-7526 (TTY 711**) or call your health care provider.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Authorization rules or referral requirements may apply. For information contact In-Home Supportive Services programs for your county at: San Joaquin Human Services Agency 1-209-468-1104 Stanislaus County Community Services Agency 1-209-558-2637 Alpine Health & Human Services 1-530-694-2235 El Dorado Health & Human Services 1-530-642-4800
Additional services (continued on the next page)	Over-the-Counter (OTC) Items	$0	We cover some Over-the-Counter (OTC) products through our supplemental benefit OTC program at no cost to you. You will receive an

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page and continued on the next page)			allowance or spending limit per quarter (every 3 months), to purchase OTC items and supplies at retail stores, through the OTC mail-order catalog, or our vendor's website. This benefit becomes available on the first day of each quarter: January 1, April 1, July 1 and October 1. Any unused card allowance will not carry over to the next quarter. You can use this benefit to get items such as acetaminophen, bandages, cold and cough medicines and other eligible products as offered by our OTC vendor. • $150 quarterly allowance Items must be part of CMS authorized list of approved OTC products.
	Chiropractic services	$0	Coverage includes chiropractic services to help correct a sublaxation (when one or more of the bones of the spine move out of position) using manipulation of the spine. Read the *Member Handbook Chapter 4* for more information.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	Diabetes supplies and services	$0	Requires prior authorization
	Prosthetic services	$0	Requires prior authorization
	Radiation therapy	$0	
	Services to help manage your disease	$0	
	California Integrated Care Management (CICM)	$0	California Integrated Care Management (CICM) refers to California specific integrated care coordination for specific populations covered by D-SNPs as determined by the state. CICM provides added care coordination for members, in person visits, other services such as telehealth, and a health plan case manager. The state requires all D-SNPs to provide CICM to the following: 1. Adults Experiencing Homelessness 2. Adults At Risk for Avoidable Hospital or ED Utilization 3. Adults with Serious Mental Health and/or SUD Needs

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			4. Adults Transitioning from Incarceration 5. Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization 6. Adult Nursing Facility Residents Transitioning to the Community 7. Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities 8. Adults with Documented Dementia Needs Prior authorization may apply. Contact your provider or health plan for details.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP *Member Handbook*. If you don't have a *Member Handbook*, call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit www.hpsj-mvhp.org.

D. Benefits covered outside of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

There are some services that you can get that aren't covered by Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP but are covered by Medicare, Medi-Cal, or a State or county 'agency. This isn't a complete list. Call Customer Service at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	**Your costs**
Certain dental services Dental Managed Care (DMC) member contact information can be found at https://www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation. For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org or sonriecalifornia.org.	$0
Certain hospice care services covered outside of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home room and board	$0
Medi-Cal Rx covered drugs	$0
In-Home Support Services (IHSS)	$0
Specialty mental health and substance use disorder services	$0
Assisted living waiver (ALW)	$0
Multipurpose senior services program (MSSP)	$0

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Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Regional Center Services	$0

E. Services that Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP, Medicare, and Medi-Cal don't cover

This isn't a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about other excluded services.

Services Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP, Medicare, and Medi-Cal don't cover
Services considered not "reasonable and medically necessary," according to Medicare and Medi-Cal standards, unless we list these as covered services.
Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them.
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Personal items: Personal comfort items or items and services for convenience, such as television, health club memberships and/or similar items.
Full-time nursing care in your home
Naturopath services (the use of natural or alternative treatments).
Personal items in your room at a hospital or a nursing facility, such as telephone or television.

F. Your rights as a member of the plan

As a member of Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered

- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Health Plan of San Joaquin/Mountain Valley Advantage will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers

- File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
- Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
- Ask for a State Hearing Online at www.cdss.ca.gov. In writing: Fill out a State Hearing form or write a letter. Send it by mail or fax to: By phone: Call 1-800-743-8525. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD 1-800-952-8349.

  In writing: Fill out a State Hearing form or write a letter. Send it by mail or fax to:

  Mail: California Department of Social Services State Hearings Division
  P.O. Box 944243, Mail Station 9-17-433
  Sacramento, CA 94244-2430

  Fax: (916) 309-3487 or toll-free at 1-833-281-0903

- Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Health Plan of San Joaquin/ Mountain Valley Health Plan Advantage D-SNP Customer Service at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP improperly denied, delayed, or modified a service, call Customer Service at the numbers listed at the bottom of this page. You may also submit a complaint in writing to:

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
Attention: Grievances and Appeals Department
7751 South Manthey Road French Camp, CA. 95231

You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook.* You can also call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP Customer Service at the numbers listed at the bottom of this page.

For complaints, grievances, and appeals, you can reach us by:

By Phone: Call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP at the numbers listed at the bottom of this page. Give your health plan ID number, your name, and the reason for your complaint.

By mail: Call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP at the numbers listed at the bottom of this page and ask to have a form sent to you. Your doctor's office will have complaint forms. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you. Mail the form to:

Health Plan of San Joaquin/Mountain Valley Health Plan
Attention: Grievance and Appeals Department
7751 South Manthey Road French Camp, CA 95231

Online: Go to Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP's website at www.hpsj-mvhp.org. If you need help filing your complaint, we can help you. We can give you free language services. Call the numbers listed at the bottom of this page.

If you disagree with a decision made by Health Plan about your coverage or feel unsatisfied with the process for resolving your complaint, you can file a complaint with or ask for Independent Medical Review (IMR) from the Health Center at the California Department of Managed Health Care (DMHC). You can contact the Department of Managed Health Care's Independent Medical Review (IMR) by:

Department of Managed Health Care (DMHC)

Call: 1-888-466-2219
TTY: 1-877-688-9891
Website: http://www.dmhc.ca.gov
Online: https://www.dmhc.ca.gov/FileaComplaint.aspx

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP Customer Service. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call us at Health Plan of San Joaquin/Mountain Valley Health Plan at 1-855-400-6002 to report anonymously. You can call this number for free.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) 2026 Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP Customer Service:

1-888-361-7526. Calls to this number are free. Hours of operation are 8:00 a.m. to 8:00 p.m, seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. Hours of operation are 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Health Plan's Nurse Advice Line. A nurse will listen to your problem and tell you how to get care.

(*Example:* urgent care, emergency room). The numbers for the Nurse Advice Line are: 1-800-655-8294 (TTY: 711)

Calls to this number are free. 24 hours a day, 7 days a week.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP also has free language interpreter services available for non-English speakers.

1-888-361-7526 or dial 711

Calls to this number are free. Hours of operation are 8:00 a.m. to 8:00 p.m, seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30.

If you need immediate mental health or substance use disorder care, please call the Behavioral Health Crisis Line:

Call your county mental health plan. To find all counties' toll-free telephone numbers online, go to: http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx

San Joaquin County Behavioral Health Services 1-209-468-9370

Stanislaus County Behavioral Health & Recovery Services 1-888-376-6246

Alpine County Behavioral Health Services
1-800-318-8212

El Dorado County Behavioral Health Services
1-530-622-3345

If you or someone you know is in crisis, please contact the 988 Suicide and Crisis Lifeline: **Call or text 988** or **chat online at 988lifeline.org/chat**. The 988 Suicide and Crisis Lifeline offers free and confidential support for anyone in crisis. That includes people you are in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis. Other phone numbers to assist are the National Suicide Prevention Lifeline (800) 273-8255 and National Crisis Text Line Text "Hello" to 741741.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP also has free language interpreter services available for non-English speakers.

1-888-361-7526 TTY 711

Calls to this number are free. Hours of operation are 8:00 a.m. to 8:00 p.m, seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30.

Health Plan of San Joaquin

Mountain Valley Health Plan

Advantage D-SNP

7751 South Manthey Road, French Camp, CA 95231
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