How to Use Your Health Plan

A Guide to Getting the Most from Your HMO or PPO

www.opa.ca.gov

State of California

Office of the Patient Advocate

What Californians say about this guide:

"It's clear, easy to use."

"I feel empowered as a consumer, having a voice in the health care system."

"I love those numbers and websites. I think that's really great."

"This would be good to have during Open Enrollment."

Get help with your health plan, or

Order a free copy of this guide in English, Spanish, or Chinese.

1-888-466-2219
1-887-688-9891 (TTY)
www.opa.ca.gov

Produced by the California Office of the Patient Advocate, in partnership with Health Research for Action at the University of California, Berkeley, and with communities throughout California.

What's Inside

Welcome to the

THE PATIENT ADVOCATE

- The Office of the Patient Advocate (OPA) is watching out to make sure you get the best quality from your health plan.
- Each year we publish a Quality Report Card so you can see how your plan and doctors compare.
- We also show you how to get the care you deserve and what to do if you have a problem.
- We offer free information for consumers, such as the guide you are reading—also available in Spanish and other languages.

Photo courtesy Augie Maravilla

The Office of the Patient Advocate (OPA)
1-916-324-6407
1-866-499-0858 (TTY)
www.opa.ca.gov

Office of the Patient Advocate

www.opa.ca.gov

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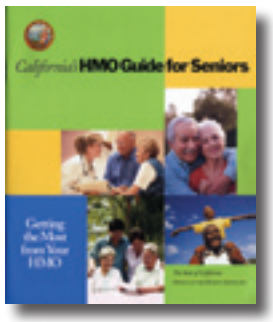
OPA Home Page

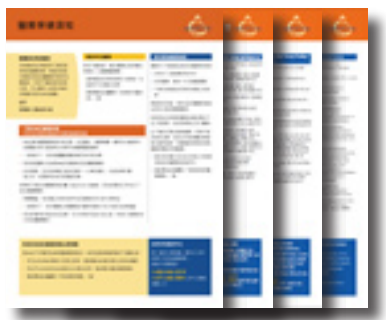
Quality Report Card

Call 1-888-466-2219 to order your free resources.

Quality Report Card in English, Spanish, Chinese, Korean, and Vietnamese



HMO Guide for Seniors in English and Spanish



Fact sheets on HMOs in many languages

Kinds of Health Plans

Most Californians who have health insurance belong to an HMO or a PPO. HMO stands for health maintenance organization. PPO stands for preferred provider organization. HMOs and PPOs have different rules for getting care.

Elliot's job offers two plans—an HMO and a PPO. "The HMO costs less, but I cannot see the allergist I like. With the PPO I can see the allergist, but I'd have to pay more."

Resources

Department of Insurance
1-800-927-4357
www.insurance.ca.gov
Information on health insurance.

HMO Help Center
1-888-466-2219
www.dmhc.ca.gov
Information and help 24 hours a day for health plan members.

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Information on getting quality health care.

U.S. Department of Labor
1-866-444-3272
www.dol.gov
Information on health care rights.

Q&A

Why would I choose an HMO instead of a PPO?

You might choose an HMO to save on costs and avoid getting a bill or submitting a claim.

Why would I choose a PPO instead of an HMO?

You might choose a PPO because you want to keep your doctor and he is not in an HMO. Or you might want to see specialists and other providers without having to get referrals and pre-approval first.

When I joined an HMO I had to choose a doctor. My doctor is in a medical group. What is that?

It is a group of doctors and other providers who have a contract with an HMO or PPO to give care to the plan's members. In an HMO, your primary care doctor's medical group provides most of your care.

HMO Basics	PPO Basics
An HMO has a **network.** These are the doctors, hospitals, labs, and other providers in the plan. You must usually get your care from these providers.	PPOs, like HMOs, have a **network** of doctors, hospitals, labs, and other providers. These are the preferred providers. You usually pay less to see preferred providers.
You cannot use **out-of-network** providers unless your plan gives pre-approval, you have an emergency, or you are traveling and need urgent care.	You can use **out-of-network** providers, but you pay more.
You must have a main doctor, called a **primary care doctor.**	You can have a **primary care doctor,** but you do not have to.
You must get a **referral** from your main doctor for most services, like specialist care or lab tests.	You can get many services without a **referral.**
Your HMO or your doctor's medical group must **pre-approve** many services.	You can get many services without **pre-approval.**
You must live or work in the area your HMO serves. This is called the **service area.**	You must live in your PPO's **service area.**

Learn More About Health Plans

- For general information on health insurance, call the **Department of Insurance** at **1-800-927-4357.** Or visit **www.insurance.ca.gov.**
- To learn about health plans for people with low incomes, see pages 6 and 14.
- To learn more about HMOs and PPOs, visit **www.opa.ca.gov.**
- To learn about Medi-Cal plans, see pages 14–15.
- To learn about Medicare Advantage plans, see pages 16–17.
- POS (point of service) plans are like PPOs but you need to have a primary care doctor. To learn more, visit **www.dmhc.ca.gov.**
- For information on high deductible plans, visit **www.dmhc.ca.gov** and see page 6.
- In self-insured plans, the employer uses its own funds to pay for employees' health care. To learn more, ask your employer or call the **U.S. Department of Labor** at **1-866-444-3272.**

Health Care Costs

It is a good idea to learn about your health plan's fees and rules before you need care. This can help you avoid unexpected costs and make the best use of your plan's services.

Elena joined a health plan at her new job. "I got a summary of benefits and costs for the plan. I found out that there was no charge for my children's immunizations. The charge for hospital care was complicated. So I called my plan and asked them to explain it to me."

Resources

My Health Resource
www.myhealthresource.org
Help finding health care if you do not have insurance.

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Information on health care costs. Look for "Health Plan Basics" under "How to Use Your Health Plan."

Uninsured Help Line
1-800-234-1317
www.coverageforall.org
Get help finding low-cost and no-cost health care.

Q&A

I had surgery that my HMO covered. Then I got a bill from one of the doctors at the hospital. Do I have to pay it?

Call your health plan. The doctor may be billing for the difference between what your health plan pays and what she usually charges. This is called balance billing. If this is the reason for the bill, you should not have to pay it. See pages 48–51.

Where can I find out about low-cost or free health care?

California has a number of low-cost or no-cost health programs. See the Resources to the left, and pages 14–15.

My employer is offering a high deductible plan, with lower premiums. Will it save me money?

It depends on your health care needs. Study the costs carefully. A high deductible plan has a yearly deductible of at least $1,050 for one person and $2,100 for a family. To learn more, visit **www.dmhc.ca.gov.**

What's What: Different Kinds of Costs

You can print worksheets on "My HMO Costs" and "My PPO Costs" at **www.opa.ca.gov.**

Cost	What It Is
Premium	The fee a plan charges each month for your coverage. • Usually you and your employer both pay a part. • If you have a Medicare Advantage plan, the government pays all or part of the premium.
Co-pay or co-insurance	What you pay each time you see a doctor, get a prescription filled, or get other services. • A co-pay is a flat fee, like $20 for a doctor visit. Most HMOs have co-pays. • Co-insurance is a percent of the cost, such as 20%. Many PPOs have co-insurance.
Yearly deductible	The amount you must pay each year before your plan pays anything. • There may be a separate deductible for prescription drugs. • Not all plans have a yearly deductible.
Out-of-pocket maximum	The most you have to pay in a year. Once you reach this amount, you do not pay anything for most services.
Out-of-network costs	The amount you pay if you see a doctor or other provider who is not in the network. • HMOs do not pay any part of out-of-network costs, unless you have pre-approval from the plan, you have an emergency, or you need urgent care when you are traveling. • PPOs pay what is called a "usual rate." If the provider charges more, you have to pay the difference.

If You Get a Bill

Bills, or things that look like bills, are confusing. Call your plan and ask for an explanation before you pay anything.

- Usually you do not get bills in an HMO unless you have a yearly deductible, you did not pay your co-pay, or you saw a provider outside the network.
- In a PPO, you may get a bill for your yearly deductible or co-insurance. If you see providers outside your network you may get a bill for additional costs.
- If your plan says you have to pay the bill and you do not agree, you can file a complaint. See pages 50–51.
- If you are billed for emergency care, see pages 52–53.
- If you get a letter that says, "This is not a bill," you do not have to pay it.
- For more information on costs and fees, visit **www.opa.ca.gov.** Look for "Health Plan Basics" under "How to Use Your Health Plan."

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Comparing Plans

If you have to choose a plan, compare the quality, the costs, and the benefits. Make sure a plan covers the benefits you need. See if the doctors you like are in the network. And find out what other people think of each plan.

Marion needs to enroll in a health plan at work. "I looked at the summary of benefits and costs for each plan. I asked some of my co-workers which plan they liked. What's important to me? I want a doctor close to home, and I want prescription drug coverage."

© Jack Hollingsworth/Photodisc/Getty Images

Resources

Contact a Health Plan
See page 54.

E-Health Insurance
www.ehealthinsurance.com
Compare the costs and benefits for plans you buy on your own.

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Compare the quality of HMOs.
Print these worksheets:

- Ask About Benefits
- Compare HMO Costs
- Compare PPO Costs

Q&A

We are planning on having a baby soon. What questions should we ask about a health plan?

Ask about pregnancy and well-baby care. Find out what the costs are and which hospitals are in the plan's network. Ask what it will cost to insure your new baby.

Does quality of care really vary by plan?

Yes. You can compare quality of care at **www.opa.ca.gov.** You can see how well plans meet national standards of care and how members rate their plans.

TIPS

Compare Benefits

All plans must offer basic benefits, like doctor visits and hospital care. A list of basic benefits is on page 29.

- Compare benefits for the services you are likely to need.
- Compare prescription drug benefits.
- Compare the benefits that vary a lot from plan to plan, such as mental health care for less serious conditions. See pages 44–45.

Compare Costs

Get a summary of benefits and costs for each plan you are thinking about. Ask your benefits office or call the plan. See page 54.

- The co-insurance you pay in a PPO can be much higher than the co-pay in an HMO. See page 7.
- If you go outside the network in a PPO, you usually pay a lot more.
- Look at the hospital costs. They can be high.
- Ask about the deductibles.

Compare Providers

Call the plan and ask:

- If a provider you want is in the network.
- If a doctor you want is accepting new patients.
- Which hospitals you can use.
- How to get night or weekend appointments.
- Which medical groups are in the network.
- If you have to see providers in your primary care doctor's medical group.
- How to see providers who are not in the network.
- What services are offered in your language. See pages 24–25.

What's Important to Me?

When you have to choose between plans, it can help to think about your own priorities. Check what is most important to you and your dependents. To help compare plans, print the worksheets "Ask About Benefits," "Compare HMO Costs," and "Compare PPO Costs" at **www.opa.ca.gov.**

- ☐ A low monthly premium
- ☐ Low costs to see a doctor, get prescriptions, or get hospital care
- ☐ Care for my children
- ☐ Prescription drug benefits
- ☐ Keeping my current doctor
- ☐ Using a certain hospital
- ☐ Being able to see any doctor I want
- ☐ Quality of care for my condition
- ☐ Services in my language
- ☐ Mental health care
- ☐ Weekend/evening services
- ☐ Other:

Getting a Plan Through Your Job

A health plan that you get through your job is called a group plan. A group plan cannot reject you because of a current or past health problem. Also, if your group plan is ending, there are laws that protect your right to keep your health coverage.

Matt has a group plan through his job. "I added my wife and son to my plan. I have to pay a higher premium, but it costs less than buying an individual plan for them. And the group plan could not reject my son because of his asthma."

Resources

Health Insurance Info
www.healthinsuranceinfo.net
Information on your rights in group plans in California.

HMO Help Center
1-888-466-2219
www.dmhc.ca.gov
Help with problems and information on COBRA/Cal-COBRA.

U.S. Department of Labor
1-866-444-3272
www.dol.gov/ebsa/faqs
Information on COBRA.

Q&A

I was diagnosed with a heart problem 2 years ago. Can a group plan reject me because of it?

No. A group plan cannot reject you because of a pre-existing condition. In some cases, the plan may not pay for care for the condition for up to 6 months. But if you have had a group plan for at least 6 months and it ended less than 60 days ago, there can be no delay.

I lost my job. What can I do to keep my health coverage?

Ask your employer about COBRA. Make sure you get a COBRA form and sign up before the deadline. For more information, see the next page. Or visit **www.dmhc.ca.gov.**

TIPS

Joining a Group Plan

- Usually you can join your employer's plan when you start a new job.
- There may be a short waiting period—3 months or less—before your new plan starts.
- You can also join a plan or change plans during your employer's Open Enrollment. This happens once a year.
- Usually, your husband, wife, or domestic partner, and your unmarried minor children can be on your health plan. You may have to pay a higher premium to cover them.
- If you marry, have a baby, or adopt a child, you must add them to your plan within 30 days. Otherwise, you have to wait until Open Enrollment.

Keeping a Group Plan with COBRA

- If your group plan ends, you can usually keep it for up to 36 months through COBRA and Cal-COBRA. COBRA is a federal law. Cal-COBRA is a state law that extends COBRA.
- You must pay all of the monthly premiums.
- Usually you must sign up for COBRA and pay the first premium within 60 days after your group plan ends. Ask your employer. If you miss the deadlines, you lose your right to get COBRA and Cal-COBRA.
- Your dependents can keep your group plan through COBRA and Cal-COBRA if they no longer qualify as dependents or if you die, divorce, or start getting Medicare.
- When your COBRA and Cal-COBRA end, you may qualify for an individual plan. See page 13.

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Mieko's company laid her off. She kept her plan through COBRA until she found a new job. It was hard because she had to pay all of the monthly premium. But if she had a medical problem and did not have health insurance, she could lose all her savings.

Avoid a Gap in Coverage

- A gap in coverage is a period when you do not have a health plan.
- If you have a gap of more than 60 days after your group plan ends, you lose your right to get COBRA and Cal-COBRA. It is also harder to get an individual plan.
- When your group plan ends, you should get a Certificate of Creditable Coverage from the plan. It says how long you were covered. Keep it. You can use it to prove that you had coverage without a gap.

Buying a Plan on Your Own

A health plan you buy on your own is called an individual plan. It usually costs more and gives you fewer benefits than a plan you get through your job (a group plan). Also, an individual plan can reject you or charge you more if you have a past or current health problem.

Brenda needed to buy an individual health plan when she started working for herself. "I applied to several plans. However, I have a pre-existing condition—migraine headaches. Only one accepted both me and my daughter."

Resources

Health Insurance Info
www.healthinsuranceinfo.net
Information on your rights in individual plans in California.

HMO Help Center
1-888-466-2219
www.dmhc.ca.gov
Help with problems and information on rights.

MRMIP (Major Risk Medical Insurance Program)
1-800-289-6574
www.mrmib.ca.gov
Insurance for people who are turned down by individual plans because of a pre-existing condition. The program is managed by Blue Cross.

U.S. Department of Labor
1-866-444-3272
www.dol.gov/ebsa/faqs
Information on HIPAA.

Q&A

Is it hard to get individual coverage?

Yes, it is often difficult. Insurance companies reject many people because of current or past health problems. Before you leave your old plan, wait until a new plan accepts you and your new coverage starts.

I have an individual plan. My insurance says it is canceling my coverage. Can they do that?

It may not be legal. Call your plan right away and ask why they are canceling your plan. Then call the **HMO Help Center** at **1-888-466-2219** and explain the problem. If you have not been able to pay your premium on time, ask the plan to arrange a different payment schedule. Sometimes a plan is willing to be flexible.

TIPS

Applying for Insurance on Your Own

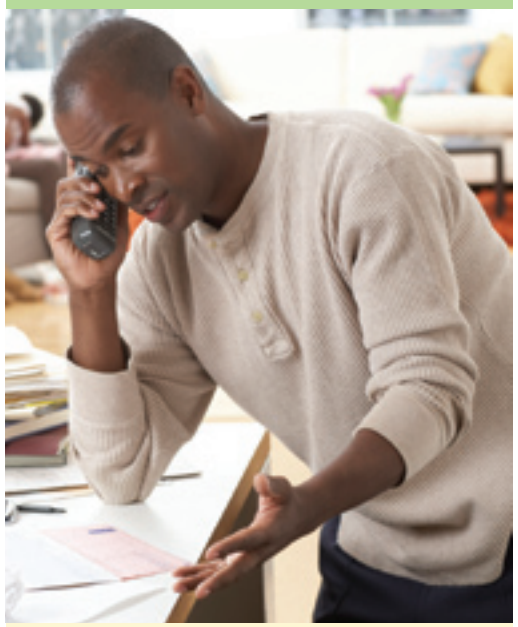
- When you apply for an individual plan, you have to fill out health history forms for yourself and for any dependents you want to cover.
- You may be rejected or charged more, based on your health history.
- Even if the plan agrees to cover you, you may have to wait up to 12 months before it will cover care for a pre-existing condition.
- If you are turned down for an individual plan because of your health history, you may be able to get coverage through a program called **MRMIP.** Call **1-800-289-6574** or visit **www.mrmib.ca.gov.** This program is administered by Blue Cross.
- Do not cancel your other plan until your new coverage starts. If an individual plan agrees to cover you, it will tell you when your new coverage will start.

Getting an Individual Plan When Your Group Plan Ends

- If your employer stops offering health insurance, you may be able to buy a HIPAA plan or a conversion plan. HIPAA is a federal law. Conversion coverage is a state law.
- If you use up your COBRA and Cal-COBRA, you may be able to buy a HIPAA plan or a conversion plan.
- You cannot be rejected because of your health history.
- You must pay the monthly premium.
- Usually you need to sign up and pay the first premium within 60 days after your group plan ends. To learn the exact deadlines, ask your plan or your employer.

Post Claims Underwriting

Tom's insurance was cancelled after he had back surgery. The plan said he should have told them about the back problem on his application. When a plan does this, it is called "post claims underwriting." It may be illegal, unless Tom deliberately lied on his application. If this happens to you, call the **HMO Help Center** at **1-888-466-2219.**



Medi-Cal Health Plans

Medi-Cal is for people with a low income. Many people who have Medi-Cal belong to Medi-Cal health plans, which are a kind of HMO. You get the same benefits as you get in Regular Medi-Cal. You also get help finding the doctors and the language assistance you need. You must use the doctors and other providers who belong to your plan.

Dora has Medi-Cal for herself and her children. "We use the same clinic for most care. The clinic gives us referrals to other providers when we need to see a specialist or get a test."

Resources

Health Care Options
1-800-430-4263
Call to change your Medi-Cal health plan.

Healthy Families
1-800-880-5305
www.healthyfamilies.ca.gov
Health insurance for children in families with low and middle incomes.

Medi-Cal Managed Care Ombudsman
1-888-452-8609
Help if you have a problem that you cannot solve with your health plan.

Medi-Cal Mental Health Care Ombudsman
1-800-896-4042
Help with Medi-Cal mental health care services.

Q&A

Can I keep my doctor and specialist if I join a Medi-Cal health plan?

You can only keep your doctor or your specialist if he is in your plan's network.

Can I get services in my language?

Medi-Cal health plans must provide assistance for most languages. They must pay for interpreters or find doctors who speak your language. They must provide forms and other materials in your language.

Can I get mental health care?

Yes. Your doctor can provide some care. If you have a serious mental health problem, your doctor should refer you to your County Mental Health Agency. If you have trouble getting care, call the **Medi-Cal Mental Health Care Ombudsman** at **1-800-896-4042.**

TIPS

Ways to Qualify for Medi-Cal

- You must have a low income and few assets.
- Your children may qualify even if you do not.
- If you are pregnant, you may be able to qualify for emergency Medi-Cal and get services right away.
- To apply for Medi-Cal, go to your county Social Services office.

Getting Help with Your Medi-Cal Health Plan

- If you have a problem getting the care you need, first ask your doctor to help you. If that does not work, call your health plan. See pages 48-51.
- You can also call the **Medi-Cal Managed Care Ombudsman** at **1-888-452-8609.**
- Or you can call the HMO Help Center. See pages 52–53.

To Change Your Medi-Cal Health Plan

- You can change plans at any time if your county has more than one Medi-Cal plan.
- You should use the providers you see now until you receive a membership card for your new plan.
- To change plans, call **Health Care Options** at **1-800-430-4263.**

If You Have Regular Medi-Cal

- If you now have Regular Medi-Cal, you may be able to join a Medi-Cal health plan. You can return to Regular Medi-Cal at any time.
- Find out if the Medi-Cal plans in your county offer the services you need. To learn more, call **Health Care Options** at **1-800-430-4263.**

Mary's mother takes her to the doctor for regular check-ups. These are called "well-child" visits because Mary's doctor makes sure she is growing up as healthy as possible. He updates Mary's shots, checks her height and weight, and gives her a physical exam at no cost.

Medicare Advantage Plans

Most seniors have Medicare. Some younger people with disabilities also have Medicare. Many people get their Medicare through a Medicare Advantage HMO or PPO. These are private health plans. Medicare pays the plan a fee each month to give you your health care.

Mrs. Matsumoto is thinking about joining a Medicare Advantage HMO. "I called HICAP and met with a counselor. She explained how the HMOs work and gave me a list of all the plans in my area."

HICAP is the Health Insurance Counseling & Advocacy Program. It provides free help and advice for all Medicare members.

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Resources

1-800-MEDICARE
1-800-633-4227
www.medicare.gov
Information and help with Medicare.

HICAP (Health Insurance Counseling and Advocacy Program)
1-800-434-0222
www.calmedicare.org
Help for Medicare members.

Lumetra
1-800-841-1602
www.lumetra.com
Call if your hospital, home health, nursing home, or rehab care is ending too soon.

Q&A

If I join a Medicare Advantage plan, will I have the same benefits I would have in Original Medicare?

Yes. Many plans also have prescription drug coverage. And you may have extra benefits, such as hearing, dental, or eye exams.

I have a low income. Can I get help paying for Medicare?

You may qualify for both Medicare and Medi-Cal. Medi-Cal can help pay some of your costs. Also, Medi-Cal covers long-term care. To learn about Medi-Cal and other programs for Medicare members with low incomes, call **HICAP** at **1-800-434-0222.**

TIPS

Medicare Parts A and B

You must have Parts A and B to join a Medicare Advantage plan. Part A covers hospital care and is usually free for people who are on Social Security. Part B covers other care, such as doctor care and lab tests. You pay a monthly premium for Part B. It is taken out of your Social Security check.

Medicare Part D Prescription Drug Coverage

- If you have a Medicare Advantage plan, you must get your Part D drug coverage through your plan.
- Before you buy drug coverage, ask about the costs. They can be complex.

How to Join, Change, or Leave a Medicare Advantage Plan

- Before you make a change, call **HICAP** at **1-800-434-0222** or visit **www.calmedicare.org.**
- You can join a plan when you first get Medicare. After that, you can join, change, or leave a plan:
  - Between November 15 and December 31 each year.
  - Between January 1 and March 31 each year. However, you cannot add or drop Part D drug coverage during this period.
  - If your plan closes, you move out of its area, or in some other cases.
- To return to Original Medicare, call **1-800-MEDICARE.** Ask about buying a Medigap policy and a Part D drug plan. A Medigap policy helps pay for costs and services that Original Medicare does not cover. Do not leave your old plan until your new coverage starts.

If You Have a Problem with Medicare

- First, try to talk it over with your doctor.
- If your plan denies, delays, or stops treatment, file an appeal with your plan. Your plan must reply in 7 days, or 3 days if you file an urgent or expedited appeal.
- For help, call **HICAP** at **1-800-434-0222**.
- If your hospital, home health, nursing home, or rehab care is ending too soon, call **Lumetra** at **1-800-841-1602**.
- If your plan does not cover a drug you need, you or your doctor can call your plan and ask them to cover the drug. If your doctor asks for an expedited review, the plan must reply in 24 hours. In other cases, the plan has 72 hours to reply.

Your Primary Care Doctor

In most health plans, you must have a primary care doctor. This doctor is also called your PCP, or primary care provider. Your primary care doctor oversees your care and refers you to the other services you need.

When **Walter** changed HMOs, he needed to choose a new doctor. "I asked my plan for a list of doctors and called several. I looked for one who had experience caring for my heart problem. Then I made a new patient appointment. The doctor listened carefully and explained things in a way I could understand, so I stayed with her."

Resources

HMO Help Center
1-888-466-2219
www.dmhc.ca.gov
Information on your rights to continuity of care.

Medical Board of California
1-800-633-2322
www.medbd.ca.gov
Check a doctor's license and history of complaints.

Provider Directory
A Provider Directory lists all the doctors and other providers in a plan's network. Ask your plan for a Provider Directory, or look on your plan's website. See page 54.

Q&A

Do I need to choose a doctor?

Usually, yes. If you do not choose a doctor, your health plan usually chooses one for you.

Can I change my doctor?

Yes. Just call your plan.

What is a medical group?

This is a group of primary care doctors, specialists, and other providers. In some plans, you can only go to providers in your medical group.

Who can be a primary care doctor?

There are four kinds of primary care doctors:

- Family doctors care for people of all ages.
- Internists care for adults 18 years and older.
- Pediatricians care for children and teens.
- Gynecologists care for women.

TIPS

Choosing a Doctor

To get a list of doctors, call your health plan. You can ask for a list of doctors who speak your language. Before you choose a doctor, ask:

- Is the doctor taking new patients?
- What is the doctor's medical training?
- Does the doctor have experience with my conditions or concerns?
- Which hospital does the doctor use?
- How long does it usually take to get an appointment?
- Can I get evening or weekend appointments?

You can print a worksheet "Choose a Doctor" at **www.opa.ca.gov.**

Keeping a Doctor You Have Now

If you change plans or your doctor leaves your plan, in some cases you can keep your doctor for a limited time. For example, you are scheduled for surgery or a procedure, you have an acute condition, or you are in the last 3 months of pregnancy. This is called *continuity of care*. Call your plan for more information.

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Make the Most of Your Doctor Visits

Most visits are short. Make every minute count. You can print a worksheet "Make the Most of Doctor Visits" at **www.opa.ca.gov.**

Things to bring

- ☐ My health plan membership card and a photo ID
- ☐ A list of my questions and concerns
- ☐ A list of my medicines and the doses
- ☐ Someone to help listen, ask questions, and take notes
- ☐ Other:

During my visit

- ☐ Review questions and concerns with my doctor.
- ☐ Ask my doctor to write down my treatments or diagnosis.
- ☐ Ask about shots, routine tests, and screenings I should have.
- ☐ Review my medicines.
- ☐ Get copies of test results.
- ☐ Other:

Follow-up care I need

- ☐ Paperwork for tests
- ☐ New prescriptions
- ☐ Names and phone numbers of referrals
- ☐ Follow-up appointment
- ☐ Other:

Referrals & Pre-Approval

When you need care from a specialist or another provider in your HMO, you must get a referral from your primary care doctor. Often, your health plan or your doctor's medical group must pre-approve the referral. If you are in a PPO, you do not need pre-approval to see specialists and other providers.

Susanne had foot pain for years. It got so bad she could not walk more than a block. "My doctor finally got my health plan to approve a referral to a podiatrist. I went to him and he made me arch supports. It has made a huge difference in my life."

© Don Tremain/Photodisc/Getty Images

Resources

Contact Your Health Plan
See page 54.

Q&A

Do I need a referral if I am seriously ill and want to see a specialist?

Yes. If you are not in immediate danger, you need a referral and pre-approval. Ask your primary care doctor for an expedited referral. Your health plan must decide in 3 days.

Do I always need a referral?

No. Women may see a gynecologist in their health plan's network without a referral. If they are pregnant, they may see an obstetrician without a referral. Ask your doctor or plan about other specialists you can see without a referral or pre-approval.

How do I know if I need pre-approval?

Ask your doctor or call your plan. In general, most referrals must be pre-approved, but each plan has its own rules.

TIPS

Getting a Referral

- Usually you need a referral to see a specialist or other provider, such as a physical therapist.
- You also need a referral for most medical tests.
- Your primary care doctor writes the referral.
- Your doctor gives you the referral or faxes it to the specialist.

Getting Pre-Approval

- You usually need pre-approval to see a specialist or other provider.
- Your medical group or health plan gives pre-approval.
- Your doctor should submit the referral for pre-approval. She must say why you medically need the care.
- It takes about 5 business days to get pre-approval, or 3 days if your problem is urgent.
- You will get a letter saying whether pre-approval was given or denied.
- Sometimes your doctor will need to send more information before the plan can decide.

If the Referral Is Denied

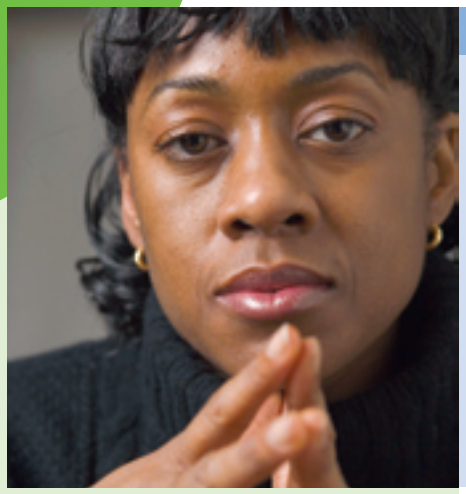
- First, talk to your doctor. He may be able to send more information to show why you need the referral.
- You can file a complaint with your plan. See pages 50–51.
- If your plan says that you do not need the referral because it is not medically necessary, you may qualify for an Independent Medical Review (IMR). In an IMR, independent doctors review your case, and your plan must do what they decide. See page 53.

Standing Referrals

Bill needed on-going care from a physical therapist. He asked for a standing referral. A standing referral allows you to see a specialist without getting a referral from your primary care doctor every time. Your medical group or the health plan usually has to approve a standing referral.

Choosing Treatments

Most treatments have both benefits and risks. To make the best choice, ask questions. Learn about your condition and the treatments. Then work with your doctor to decide on a treatment plan.



When doctors found a small aneurysm in **Joanne's** brain, she had to decide what to do. Her doctor told her about her treatment choices. She researched the choices and then made a decision. "All the treatments had benefits and risks. But being actively involved helped me feel good about my decision."

Resources

Cancer Information
1-800-422-6237
www.cancer.gov
Information on cancer treatments.

Clinical Trials
www.clinicaltrials.gov
Information on current clinical trials.

Healthfinder
www.healthfinder.gov
An introduction to health care information on the Internet.

Mayo Clinic
www.mayoclinic.com
Easy-to-understand information on health topics.

Medline Plus
1-888-346-3656
www.medlineplus.gov
Find health information online or with telephone assistance.

Q&A

The specialist I saw recommends chemotherapy for my cancer. Can I get a second opinion?

Yes. You have a right to get a second opinion about a diagnosis or treatment plan. Ask your doctor or plan for a referral.

What if my health plan says it will not pay for the treatment my doctor recommends?

You can file a complaint with your health plan or the state. See pages 50–51. If your health problem is urgent, see pages 52–53.

What are clinical trials?

They are medical studies to test how well new medicines and other treatments work and how safe they are. If you are in a study, you may get a new treatment that you could not get otherwise. Ask your doctor about clinical trials. Visit **www.clinicaltrials.gov.**

TIPS

Before You Agree to Treatment

- You usually have to sign a consent form. It says that you agree to the treatment.
- Before you sign, be sure you understand what is being done and why.
- You can ask for the form in your language or in large print, audio, or Braille.
- Take time to decide. Try not to make important decisions when you are stressed or sleepy.
- Get a second opinion if you are not sure. Ask your doctor for a referral to another specialist.
- You have the right to refuse treatment for yourself.

Questions to Ask Your Doctor

- ☐ What are all the possible treatments?
- ☐ Which treatments are most likely to help?
- ☐ Which are least likely to help?
- ☐ How will I know if a treatment is working?
- ☐ What are the risks and benefits of each treatment?
- ☐ What are the side effects of each treatment? Can they be treated?
- ☐ How long will each treatment take?
- ☐ How long will it take to recover from each treatment?
- ☐ How much will each treatment cost me?

Learn More About Treatments

- Visit your local library or the library at a medical school or hospital.
- Ask your doctor for brochures or information on your treatment.
- Look on the Internet. Good places to start are **www.healthfinder.gov, www.mayoclinic.com,** and **www.medlineplus.gov.**

Language Assistance

If your first language is not English, your health plan usually must give you assistance in your language. You have the right to this assistance when you need to explain your health problem to your doctor, or when you need to understand your health problem, treatment choices, and important written information.

Loretta asked her health plan, her pharmacy, and her family's doctors to make a note of the language assistance she needs. "So when I go to my pharmacy they always give me the written instructions in Spanish. I speak some English, but when it comes to my family's health, I feel more comfortable with Spanish."

Resources

Health Consumer Alliance
www.healthconsumer.org
Fact sheets on low-cost health care, in many languages. Click on "Publications."

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Compare HMO's language services.

Q&A

What if my doctor's office will not provide an interpreter?

You should call your health plan and explain the problem. If they do not solve it, you can file a complaint. See pages 50–51.

Do I have a right to language assistance?

If you have Medi-Cal or Medicare, your plan must provide language assistance in most languages that members speak. A new California law requires other plans to provide language assistance by 2009.

Can I ask my adult daughter to interpret for me?

You can, but you do not have to. Family and friends are not trained to translate medical terms and information. Also, you may not want them to hear your medical problems or questions.

TIPS

Ask What Language Services Your Plan Offers

- Call your plan. The number is on your membership card. Ask what language services they provide. Some plans have many services.
- Compare the language services that health plans in California offer. Go to **www.opa.ca.gov.**
- Ask your plan for a list of doctors who speak your language, or ask for a medical interpreter at your office visits.
- Ask for office staff who speak your language so they can help you make appointments and find other providers.
- Ask for important documents in your language.

Jason is deaf and uses sign language. He asked his doctor to arrange for a sign language interpreter.

Using a Medical Interpreter

- When you make an appointment, say that you will need an interpreter so the office has time to find one.
- Ask if you can meet with the interpreter before your visit.
- The interpreter may be in the room with you, or may be on a screen or on the telephone.

Ask for Important Documents in Your Language

Document	Examples
Consent forms and other forms you need to sign	A consent form explains a treatment or procedure (like surgery or an X-ray). You must sign it. Whenever you need to sign a form, you should ask for it in your language.
Treatment directions	This might tell you how to prepare for surgery or how to fast for a blood test.
Information about your medicines	This tells you important information about taking the medicine safely, such as side effects or danger signs to watch for, and foods or medicines you need to avoid.

Disability Assistance

If you have a disability, your health plan must remove most physical or communication barriers that make it hard for you to get the care you need. Look for a doctor who understands your disability and will help you get the services you need.

© Kathy Sloane

Janine needs an exam table she can use with her wheelchair. "My plan helped me find a doctor who has an exam table that can be raised and lowered so I can get on and off it."

Resources

AT Network
1-800-390-2699
1-800-900-0706 (TTY)
www.atnet.org
Information on equipment and assistive technology for people with disabilities.

California Foundation for Independent Living Centers
1-916-325-1690
1-916-325-1695 (TTY)
www.cfilc.org
Resources for people with disabilities.

Disability Rights Advocates
www.dralegal.org/publications/know_your_rights.php
A guide to the health care rights of people with disabilities.

Q&A

I was referred to a specialist, but I cannot get into his office. What can I do?

Your health plan must find an accessible doctor for you. And they must pay for this specialist even if he is not in the plan's network. Call your plan and be firm about what you need.

What if I am deaf?

You have the right to a sign language interpreter. Ask for one when you make an appointment. Try not to rely on lip reading. Even good lip readers can have trouble with medical terms.

What if I cannot get the care I need?

If your plan refuses to find accessible providers or pay for them, you can file a complaint. See pages 50–51.

TIPS

Know Your Rights

If you have a disability, the Americans with Disabilities Act (ADA) protects your right to:

- Accessible and usable medical equipment at a provider's office or facility. For example, you have the right to access scales, exam tables, and diagnostic medical equipment such as mammography and MRI machines.
- Have most physical barriers removed that make it hard for you to use your health care services.
- Extra time for visits if you need it.
- Health information you can use if you are deaf, blind, or have low vision.
- Take your service animal into exam rooms with you.

When You Get Health Insurance

- If you get a plan through your job, the plan cannot refuse to cover you or charge you more.
- It can be hard to get insurance on your own if you have or once had a health problem. See pages 12–13.
- Before you join a health plan, ask about the rules for getting equipment. Ask if there are limits on what the plan pays. See page 33.

Assistance I Need

Check everything that you need if you have a disablilty that affects communication or physical access. Then tell the doctor's office ahead of time. Also, ask your doctor to keep a copy in your medical file. You can print worksheets on "Communication Assistance" and "Physical Access" at **www.opa.ca.gov.**

Communication Assistance

- ☐ A support person will be with me. However, please speak directly to me.
- ☐ Please use "everyday" language and pause often.
- ☐ Please face me when you speak.
- ☐ Please speak loudly so I can hear what you are saying.
- ☐ Please try to explain things using pictures, models, or demonstrations.
- ☐ I need extra time to respond and to ask questions.
- ☐ I have trouble taking notes, so I need to record what you say.
- ☐ I need a sign-language interpreter.
- ☐ I need help with forms and instructions.

Physical Access

- ☐ I need to be able to get to your building and into your office.
- ☐ I need an accessible bus stop or parking space. And there needs to be an accessible route from the bus stop or parking space to the office.
- ☐ I need an accessible restroom.
- ☐ I need an exam table that adjusts up and down.
- ☐ I need assistance getting on and off the exam table.
- ☐ I use a service dog, so please alert anyone who may be allergic to or frightened of dogs.
- ☐ I have life-threatening or health-threatening reactions to these products: _____

_____

_____

Adapted with permission from June Isaacson Kailes, Associate Director CDIHP.

Your Benefits

All HMOs and some PPOs must cover the basic benefits that are listed on the next page. But other benefits, like prescription drugs, may not be covered. It's a good idea to ask your plan for a summary of your benefits and costs. This summary also tells you the limits on benefits.

Robert says, "Our son needed eye surgery, so we asked our plan to send us information on what it covers. They sent a summary of our benefits and costs. They also sent a plan handbook, called the Evidence of Coverage, which gave us more details."

Resources

Contact Your Health Plan
See page 54.

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Ratings on the quality of benefits and services in many HMOs.

Q&A

My health plan covers many benefits. Can I really use them?

Yes. You can use any benefit that you medically need for your health care. If you and your doctor or plan disagree about what you need, see pages 48–53.

I changed jobs. I still have the same plan but my costs and some benefits are different. Why is that?

The same insurance company can offer different benefits packages with different costs. Your benefits package is all the benefits your plan covers. For example, one benefits package may include prescription drug coverage, but another may not. And your co-pays can be different.

TIPS

Know Your Basic Benefits

All health plans must cover these benefits. But the costs and limits on benefits differ from plan to plan.

- Doctor services
- Hospital care when you stay overnight (inpatient care)
- Outpatient services, such as minor surgery
- Lab tests, like blood, pregnancy, and STD tests
- Diagnostic services, like X-rays and mammograms
- Preventive care, like shots and regular check-ups
- Mental health care for severe conditions
- Emergency and urgent care
- Physical, occupational, and speech therapy
- Diabetes home care supplies
- Limited home health or nursing home care after a hospital stay
- Hospice care for people who are dying

Optional Benefits

Some plans also cover these benefits:

- Prescription drugs
- Medical equipment, like wheelchairs and oxygen
- Eyeglasses
- Hearing aids
- Dental care
- Infertility treatments

Customer Services

Most plans offer:

- A member/customer service helpline.
- A 24-hour advice nurse helpline.
- Health education programs.
- Language assistance.

Compare the Quality of Benefits and Services

OPA publishes a yearly report on health plans called the Quality Report Card. To get a copy, call **1-888-466-2219** or visit **www.opa.ca.gov.** You can also use this report to:

- Compare plan services, like customer service and language assistance.
- Compare how members rate their plans.
- Compare quality of care for diabetes, asthma, and other conditions.

Preventive Care

Preventive care includes exams, check-ups, and tests that help your doctor prevent health problems or find them before they become serious. Ask your plan for a schedule of recommended preventive care. Then discuss it with your doctor.

Rebecca's mom works with her child's doctor to prevent long-term health problems. "Diabetes runs in our family, and a lot of us are overweight. So I talked to Rebecca's doctor about what I can do to lower her risk. He checks her weight and has helped me choose a good diet for her."

Resources

Agency for Healthcare Research and Quality (AHRQ)
1-800-358-9295
www.ahrq.gov/consumer/prevention
Get pocket guides to good health for adults, children, and seniors.

CDC Info
1-800-232-4636
www.cdc.gov/vaccines
Guidelines for immunizations.

KidsHealth
www.kidshealth.org
Information on children's health.

My Family Health Portrait
www.dhhs.gov/familyhistory
Organize and print your family's health history.

Q&A

My health plan sends me the results of my lab tests, but how do I find out what they mean?

Call your doctor. You can also learn about lab test results at **www.labtestsonline.org.**

I'm just 28. Do I really need regular check-ups and routine tests?

Yes. Even younger adults need check-ups and tests. Talk to your doctor about a schedule for your preventive care.

TIPS

Exams and Routine Tests

- The exams and tests you need depend on your age, sex, and family medical history, as well as your own health.
- If you are at risk for a disease or condition, your doctor will want you to start screening tests younger and have them more often.
- Talk to your doctor and agree on a schedule that works for you.

Your Medical History

Tell your doctor about:

- Illnesses, treatments, and operations you have had.
- All the drugs, vitamins, herbs, and over-the-counter medicines you take.
- Your usual diet and the physical activity you get.
- Health problems your relatives have had. Visit **www.dhhs.gov/familyhistory** for help creating a family medical history.

Preventive Care

Print these worksheets at **www.opa.ca.gov:**

- Prenatal Care
- Care for Children
- Care for Men 18–34
- Care for Men 35–50
- Care for Women 18–34
- Care for Women 35–50
- Care for Adults 50+
- My Health History

Preventive Care: Common Issues

Check the issues you want to discuss with your doctor.

- ☐ Regular check-ups
- ☐ Shots and immunizations
- ☐ Blood pressure
- ☐ Blood sugar
- ☐ Cholesterol screening
- ☐ Cancer screening
- ☐ Vision care and glaucoma screening
- ☐ Birth control
- ☐ Help to stop drinking
- ☐ Help to stop smoking
- ☐ Weight control
- ☐ Diet
- ☐ Lack of exercise
- ☐ Injuries caused by exercise
- ☐ Osteoporosis
- ☐ Sexual health
- ☐ Depression
- ☐ Anxiety, stress, or anger
- ☐ Problems communicating with or disciplining your children
- ☐ Problems communicating with your spouse or partner
- ☐ Violence in the family
- ☐ Other:

Drugs, Supplies & Equipment

Prescription drugs, and most supplies and equipment, are optional benefits. This means that some plans do not cover them. However, diabetes supplies, as well as asthma supplies for children, must be covered.

Hanna's dad is showing her how to test her blood sugar level. "When Hanna was diagnosed with diabetes, I found out that health plans must cover diabetes supplies like test strips and blood glucose monitors. And since our plan covers prescription drugs, it also pays for Hanna's insulin."

© Stockbyte/Getty Images

Resources

FDA
1-888-463-6332
www.fda.gov/cder/drug
Information on drugs.

Pharmacy Checker
www.pharmacychecker.com
Compare drug prices.

Q&A

Why does my health plan give me generic drugs?

Generic drugs cost less than brand-name drugs. When the patent on a new drug expires, other companies can make the drug. It still has the same basic ingredients.

My health plan stopped covering the drug I was taking. Can they do that?

Yes. The drugs your plan covers can change because of new research and changes in the prices of drugs. If your doctor can explain why you need the drug, your plan may continue to cover it for you.

I need a wheelchair. Will my health plan cover it?

Ask your plan what is covered. Even if medical equipment is covered, your doctor needs to explain why the wheelchair is necessary for your health. He may refer you to a rehab clinic for an evaluation. Wheelchairs can be expensive and you may have to speak up for your rights. See pages 48–53.

TIPS

If You Have Prescription Drug Coverage

- Your plan usually has a formulary. This is the plan's list of preferred drugs.
- The formulary may have different levels with different charges. Generic drugs usually have a lower co-pay than brand-name drugs.
- If you want a drug that is not on the formulary, you must get pre-approval from your plan. Or you can pay for it yourself.
- You must fill your prescriptions at a pharmacy that is in your plan's network.

Keep Drug Costs Down

- When your doctor gives you a prescription, ask if your health plan covers the drug.
- Ask for generic drugs. Usually they cost less than brand-name drugs.
- Ask your doctor or pharmacy about discounts for people with low incomes.
- Call your plan and ask how to order on-going prescriptions by mail. They usually cost less, and you can order for 3 months at a time.
- If you do not have prescription drug coverage, compare costs. Check out discount, mail order, and online pharmacies. Compare costs at **www.pharmacychecker.com.**

Supplies and Equipment

Benefits for supplies, like bandages and syringes, or for equipment, like walkers, respirators, and wheelchairs, vary from plan to plan.

- Ask your doctor or plan what is covered.
- Also ask if there are limits on what the plan will pay.
- Ask which providers or stores you can use.
- Health plans must cover most home care supplies for diabetes.
- Plans must also cover asthma supplies for children.
- If your plan will not approve your doctor's request for equipment or supplies, you can file a complaint. See pages 50–51.

Drug costs vary. If you do not have prescription drug coverage, compare prices from different pharmacies.

Medicine Safety

Health care treatments often include prescription medicines. Problems with drug interactions and side effects are common. But there are many things you and your doctor can do to help prevent problems.

Lisa was struggling with severe allergies. One medicine made her mouth too dry, and another made her too sleepy to work.

Lisa talked to her doctor, who suggested that she try a third medicine. "I finally found a medicine that I could live with."

Resources

Drug Digest
www.drugdigest.org
Check drug interactions.

FDA
1-888-463-6332
www.fda.gov/cder/drug
Information on drugs, vitamins, and herbs.

Healthfinder
www.healthfinder.gov
Information on drug safety.

Q&A

What can I do to avoid problems with drug interactions?

Ask your doctor to check for interactions. Also, fill all your prescriptions at one pharmacy. Make sure the pharmacy uses a computer to check interactions. You can also check online at **www.drugdigest.org.**

I feel like I take too many medicines. What can I do?

Make a list of all the medicines you take. Then show the list to your doctor. Ask if you could stop taking any medicines.

TIPS

Talk to Your Doctor

- Tell your doctor all the medicines you take, including vitamins and over-the-counter drugs.
- Explain any allergies or bad reactions you have had to medicines.
- Tell your doctor if a medicine is not helping.
- Tell your doctor if you have a problem with side effects.
- Ask how to take a new medicine.
- Ask about side effects, risks, and benefits.
- Ask about drug interactions.

When You Pick Up a Prescription

- Make sure it is the correct medicine and the correct dose.
- Review the directions for taking the medicine with a pharmacist.
- Ask if it is safe to use with other medicines you take.
- Review the side effects you need to watch for.

Take Medicines as Directed

- Take the dose listed on the bottle.
- Do not skip doses or split pills unless your doctor tells you to.
- Take the medicine for as long as the prescription says.
- Throw out medicines after their expiration date. This date is printed on the label.
- Use a pill organizer to keep track of your medicines.

My Medicines

Show this list to your doctor. Keep a copy in your wallet. You can print a worksheet "My Medicines" at **www.opa.ca.gov.** The form also lets you list any medicines you are allergic to.

Name of drug	Dose	When and how often you take it
Example: Lisiprinol	10mg	1/day
Calcium	200mg	2/day with meals

Seeing a Specialist

A specialist is a doctor who has extra training in one area of medicine, such as heart care or cancer treatment. To see a specialist in an HMO, you must need care that your primary care doctor cannot give you. You must also have a referral from your primary care doctor. Your medical group or health plan may have to approve the referral.

Mona hurt her ankle in an accident and is having trouble using it. "My primary care doctor referred me to an orthopedist—a bone specialist—who evaluated the problem and recommended 6 physical therapy appointments. Before I made the appointments, I asked about the fees and if I would need pre-approval from my plan."

Resources

American Board of Medical Specialties
1-866-275-2267
www.abms.org
Learn about different specialties and find out if a specialist is board certified.

Contact Your Health Plan
See page 54.

Q&A

My doctor referred me to a specialist, but I can't get an appointment for 6 months. What can I do?

You can ask your doctor to help you get the appointment, or refer you to another specialist. If these things do not help, you can file a complaint with your plan. See pages 50–51.

What if I cannot get the referral I want?

If you ask for a referral and you do not get it, your doctor or plan should tell you why. If you disagree, you can file a complaint with your health plan. See pages 50–51.

I have severe allergies. Can I see an allergist regularly?

Ask your primary care doctor for a standing referral to an allergy specialist. A standing referral allows you to go to a specialist without getting a new referral each time. See page 21.

TIPS

How to Get Specialist Care

- Ask your primary care doctor for a referral.
- In an HMO, the specialist must be in the HMO's network, and is usually in your doctor's medical group.
- Your medical group or the health plan may have to pre-approve the referral. See pages 20–21.
- You can ask for a referral to a specialist outside your HMO's network if there is no specialist in the network who can give you the care you need, or you have to wait too long for an appointment. You will need pre-approval from the health plan.
- In a PPO, you can see specialists outside the network and pay more.

Finding a Specialist

- Ask your doctor to recommend specialists.
- Look in your health plan's Provider Directory or on its website.
- If you need a treatment or procedure that is risky, look for a specialist who has done it many times.
- There are over 100 different medical specialties. To learn about them and to find out about a specialist's training and certification, visit **www.abms.org.**

Usually, a specialist will order an X-ray or other test and evaluate it, and then report back to your primary care doctor.

Make the Most of Your Specialist Care

- Before you go to the specialist, ask your primary care doctor what to expect.
- Make sure that your primary care doctor gets copies of the specialist's reports.
- Make sure all your providers know all the medicines you take.
- Make sure you still go to your primary care doctor for all your routine care.

If You Have a Chronic Condition

A chronic condition is a health problem that can be managed but usually not cured. Diabetes, arthritis, high blood pressure, and heart disease are common chronic conditions. You and your doctor will make a treatment plan to manage your condition. Following this plan is the best way to take care of yourself and keep your condition under control.

Fred has heart disease and high blood pressure. "My doctor and I agreed on a treatment plan. I take 2 medicines and try to eat a low-salt diet. I also walk for 30 minutes on most days. It's hard to do everything, but my blood pressure has come down. That makes me want to keep trying."

Resources

American Chronic Pain Association
www.theacpa.org

American Diabetes Association
www.diabetes.org

American Heart Association
www.americanheart.org

American Lung Association
www.lungusa.org

Arthritis Foundation
www.arthritis.org

California AIDS Hotline
www.aidshotline.org

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Compare HMO's quality of care for chronic conditions.

For phone numbers, see pages 56–60.

Q&A

My condition will never get better. Will my health plan still cover treatment?

Yes. Your plan must cover services that you need to keep your condition stable or prevent it from getting worse.

I have diabetes. My doctor wants me to lose weight and exercise every day. How can I make such a big change?

Change is easier with support. Look for support from family and friends. Also, ask your plan about health education programs. And look in your phone book for local chapters of the organizations listed to the left. Many have support groups or other tools to help you.

TIPS

Learn About Care for Your Condition

- Ask what services and education programs your health plan offers for people with your condition.
- Visit **www.opa.ca.gov.** The Quality Report Card tells you how well California HMOs meet national standards of care for many chronic conditions.
- The Quality Report Card also tells you why meeting these standards is important. You can use this information to talk to your doctor about your care.
- See page 22 for more information on choosing treatments.

Work with Your Doctor

- Discuss your treatment plan with your doctor. It should include care to keep your condition from getting worse and treatments to improve it. It should also be a program you can stick with.
- Ask your doctor who will be on your medical team and when you will see each member of the team.
- Tell your doctor if your symptoms change, your treatment plan does not seem to be working, or you have trouble following it.

Gloria's daughter has asthma. Gloria used the Quality Report Card at **www.opa.ca.gov** to compare asthma care for children. "The best HMOs make sure that children who have asthma get the right medicine. I found the best HMO for my daughter's needs."

Learning New Habits

Your doctor may ask you to make changes in diet, exercise, and other habits. Change can be hard—so try starting with small steps. You can print a worksheet "Learning New Habits" at **www.opa.ca.gov.**

New Habit	Barriers to Change	Small Steps That I Can Try
Example: Take medicine regularly.	I forget to take pills.	Set alarm to remind me to take pills. Put pills next to breakfast cereal.
Example: Eat less fat.	I usually eat lunch out.	Order lower fat foods, such as chicken without the skin or salads with dressings on the side.
Other:		
Other:		

Emergency & Urgent Care

In an emergency, call **9-1-1** or go to the nearest emergency room. Most health plans cover emergency and urgent care anywhere in the world.

Alan fell and hurt his arm. "It was Saturday. I called my doctor's office and got the answering machine. I didn't want to wait until the doctor called me back. My arm hurt a lot and I was pretty sure it was broken, so I went to the ER. They took X-rays and set my arm. I saw my doctor a few days later to make sure everything was OK."

Resources

9-1-1
Call **9-1-1** in an emergency. Say your name and where you are. Do not hang up until the operator tells you to.

Contact Your Health Plan
See page 54.

Poison Action Line
1-800-222-1222
www.calpoison.org
Emergency help for victims of poisoning.

Q&A

What is emergency care?

Emergency care is care you need right away because you reasonably believe your health is in serious danger. Emergencies include a bad injury, severe pain, a sudden illness or one that is quickly getting worse, and active labor.

What is urgent care?

Urgent care is care you need soon, usually within 24 hours. An earache or sprain might need urgent care. They need attention soon, but they do not put your health in serious danger.

What if I have an emergency and go to a hospital that is not in my plan's network?

Your plan should cover emergency care anywhere. You should call your health plan within 24 hours or as soon as you can. You may be moved to a hospital in your plan's network when it is safe to do so.

TIPS

What to Do in an Emergency

- Call **9-1-1** if you have an emergency and you cannot safely get to an emergency room by car.
- You can go to the nearest hospital emergency room. It does not have to be part of your health plan.
- Try to take your membership card with you.
- If you are not sure it is an emergency and there is time, call your doctor or health plan.

What to Do if You Need Urgent Care

- If your health plan has an urgent care clinic, call the clinic or go directly there.
- If you are not sure what to do, call your primary care doctor or your health plan and ask what to do.

If You Are Away from Home

- Emergency and urgent care are usually covered anywhere in the world.
- If you have an emergency, call **9-1-1** or go to the nearest emergency room.
- If you need urgent care, call your doctor or health plan. If you cannot call, go to the nearest clinic or urgent care center.
- Take your membership card with you.
- If you need follow-up care, call your doctor. Your health plan will not pay if you get follow-up care without pre-approval.

Ambulance Services

Health plans only pay for an ambulance when it is an emergency or when your doctor says you need an ambulance and the plan pre-approves it.

Know What to Do Ahead of Time

- Learn you plan's rules for getting emergency or urgent care.
- Find out what to do if you need urgent care on the weekend.
- Ask your doctor or plan.
- Look in your plan handbook or Evidence of Coverage (EOC).

My Emergency Contact List

You can write your important numbers below. You can print a worksheet "My Emergency Contact List" at **www.opa.ca.gov.**

Emergencies	**9-1-1**
Urgent care clinic	
My plan's member services	
My membership number	
My primary care doctor	
My work phone	
My cell phone	

Hospital Care

Overnight care in a hospital is called *inpatient* care. You may go to the hospital for surgery, a serious illness, childbirth, or other services. Unless it is an emergency, your doctor must refer you for hospital care.

Darrell was hospitalized after a mild stroke. "Before I left the hospital, my wife and I asked for someone who could talk to us about follow-up care. We met with a nurse who told me how to take my medicines and what follow-up treatment I would need."

Resources

American College of Surgeons
1-800-621-4111
www.facs.org
Information on common operations and choosing a surgeon.

CalHospital Compare
www.calhospitalcompare.org
Compare California hospitals.

Joint Commission
1-800-994-6610
www.jcaho.org
File a complaint by phone or learn about patient safety online.

Lumetra
1-800-841-1602
www.lumetra.com
Call if your Medicare hospital care is ending too soon.

Q&A

I am staying in the hospital for only 2 nights after my surgery. Will I really be ready to go home that soon?

Tell your doctor your concerns. If necessary, he can ask for a longer stay. In general, hospital stays are shorter these days. This is because hospital care is very costly, and many people recover better at home. If you have Medicare, call **Lumetra** at **1-800-841-1602.**

When I was in the hospital, some of the staff ignored me when I asked for help. What can I do?

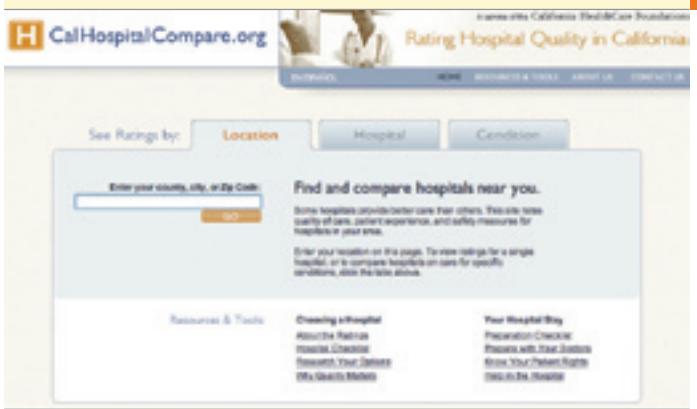
You can complain to your doctor and to the hospital. You can also write a letter to your health plan and file a formal complaint with the **Joint Commission** at **1-800-994-6610.**

TIPS

Know What Your Costs Will Be

The co-pay or co-insurance for a hospital stay can be high.

- If you have a co-pay, call your health plan and ask what the co-pay will be. Or look in your plan's Evidence of Coverage.
- If you pay a percent of the cost (co-insurance), call the hospital billing department. Ask what the charges are likely to be and what you will have to pay.



Choosing a Hospital

- Visit **www.calhospitalcompare.org** to help you find the hospitals that have the most experience treating your medical problem.
- If you and your doctor think you cannot get the care you need at a hospital in your plan's network, ask your plan to approve care at another hospital.

Before You Go to the Hospital

Fill out an Advance Health Care Directive and choose someone to be your spokesperson and advocate while you are in the hospital. You can print a worksheet "Prepare for a Hospital Stay" at **www.opa.ca.gov.**

Ask your doctor about your care in the hospital.

- ☐ What will happen during my treatment?
- ☐ How long will I stay in the hospital?
- ☐ How will my pain be managed?
- ☐ Do I need to stop any medicines?

Ask about follow-up care.

- ☐ How long will it take to recover?
- ☐ Where will I recover?
- ☐ What help will I need at home?
- ☐ What follow-up care will I need?

Make a list of things to take with you.

- ☐ Medicines
- ☐ Toothbrush and other necessities
- ☐ Alcohol-based hand cleaner
- ☐ Other:

Mental Health Care

All health plans must cover care for severe mental health conditions for both adults and children. Plans usually offer limited care for less serious problems. If you think you might benefit from mental health services, talk to your doctor. Or call your plan and ask how to get care.

Jake was severely depressed. He tried a medicine that his doctor prescribed, but he did not feel better. "I asked for a referral to a psychiatrist, who evaluated me. He prescribed a different medicine and referred me to a social worker for counseling. After several months I had a follow-up visit with the psychiatrist to see how things were going."

Resources

Mental Health Association
1-916-557-1167 (California)
1-800-969-6642 (National)
www.mhac.org
Information and advocacy for people with mental health problems.

NAMI
1-800-950-6264
www.namicalifornia.org
Information, advocacy, and support for families with seriously mentally ill relatives. Programs for people who use mental health services.

Q&A

What mental health care can I get from my primary care doctor?

Your doctor can prescribe some medicines, like drugs to treat anxiety and depression. She can also refer you for more help if you need it.

Do Medi-Cal and Medicare cover mental health care?

Medi-Cal covers care for severe mental health problems. Medicare covers limited care for these problems. Ask your plan what it covers.

My plan is not approving enough care. What can I do?

If your health plan does not approve the treatment your doctor recommends, they must tell you why in writing. You can file a complaint if you disagree. See pages 50–51.

TIPS

Choosing a Mental Health Specialist

A mental health specialist may be a social worker, family therapist, psychologist, or psychiatrist.

- To find a provider, look in the Provider Directory or on the plan's website.
- Ask your doctor and friends for recommendations.
- Ask your plan to find you a mental health specialist who is qualified and experienced to treat your condition.
- Look for a provider you feel you can trust.
- You can change mental health providers if you are not satisfied with the one you have.
- If you do not think you are getting the right care, you can file a complaint. See pages 50–51.

Severe Mental Health Problems

If you have one of the conditions below, you have a right to the care that is needed for your condition. Your benefits and fees are similar to the benefits and fees for other medical conditions.

- Major depressive disorder
- Panic disorder
- Bipolar disorder
- Schizophrenia
- Schizoaffective disorder
- Obsessive-compulsive disorder
- Anorexia nervosa and bulimia nervosa
- Autism
- Pervasive developmental disorder in children
- Certain serious emotional disturbances in children

Learn More About Your Mental Health Benefits

Call your plan or your plan's behavioral health care provider. The number is on your membership card. Ask:

- ☐ What kinds of mental health specialists can I see?
- ☐ Do I need a referral from my primary care doctor?
- ☐ What counseling or psychotherapy services are covered if a problem is not on the list of severe conditions? Is there a limit on care? What is the cost?
- ☐ Is treatment for alcohol or drug abuse covered?
- ☐ Are there support groups and classes, such as classes to help me stop smoking, deal with grief, or manage stress?

Home, Nursing Home & Hospice Care

Health plans cover some home health care or care in a nursing home, usually after a hospital stay. You must have a referral from your doctor and pre-approval from the plan. The number of days of care is limited, and your cost is usually higher than for other services.

After her accident, **Muriel** will need to use a wheelchair for at least 4 months. "My plan approved several visits from an occupational therapist to teach me how to care for myself while I am in a wheelchair."

Resources

California Hospital Association
1-800-494-2001
www.calhealth.org/public/pubs/frmspstrs.html
Download or request a free Advance Health Care Directive.

California Registry
1-800-777-7575
www.calregistry.com
Information on nursing homes.

Family Caregiver Alliance
1-800-445-8106
www.caregiver.org
Information for family caregivers.

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Quality ratings on long-term and hospice care.

Q&A

I have used up my home care benefits and I cannot afford to pay for the additional care I need. Is there any way to get help?

If you have a low income, a county program called In-Home Support Services (IHSS) may pay for you to have a home care worker or a family member care for you. Call your county Social Services Office.

Do health plans cover long-term home or nursing home care?

No. Health plans do not cover long-term care. To get help paying for this care, you need to buy long-term care insurance. If you have a low income, Medi-Cal may pay all or part of the cost of long-term care.

TIPS

Home Health Care

Home health care includes services such as physical and occupational therapy, help with medicines or wounds, and dialysis care. It may include some help with personal care, such as bathing.

- You must have a referral from your doctor and pre-approval from your health plan.
- You must be unable to leave your home to get care. Or your plan and doctor must agree that home is the best place for you to get care.
- Ask your health plan or doctor which home health care agencies you can use.

Nursing Home Care

You may be in a nursing home when you need more skilled nursing care than you can get at home.

- Health plans cover limited nursing home care.
- Ask your health plan for a list of nursing homes in the network.
- Visit **www.calregistry.com** or call **1-800-777-7575** for help choosing a nursing home. They vary in the quality of their care, as well as in food, cleanliness, noise level, and safety.

Hospice Care

Hospice care is care to keep a person with a terminal illness comfortable in the last months of life. Hospice also helps relieve some of the stress for family members.

- Health plans must cover hospice care.
- Services include a nurse to manage pain medicines and an aide to help with personal care.
- Ask your plan for a list of hospice agencies you can use.

Protect Your Wishes

- An Advance Health Care Directive lets you say what kind of care you do or do not want and who will decide on your care if you can no longer speak for yourself.
- You can download a form free at **www.calhealth.org/public/pubs/frmspstrs.html.** Or call **1-800-494-2001.**
- Fill out the form and have your signature witnessed.
- Give copies to your doctor, family, and close friends. Tell them about your wishes so they can make sure you get the care you want.

Speak Up for Your Rights

As a health plan member in California, you have many rights. There are things you can do if you are having trouble getting a service you need. And there are people who can help you.

After **Gary's** son had surgery, Gary got a bill from a doctor at the hospital. "I called my health plan. It turns out that the doctor was billing for the difference between what the plan paid and what he usually bills. We did not have to pay it. I had to be persistent, but I made sure the plan dealt with it."

Resources

Contact Your Health Plan
See page 54.

HICAP (Health Insurance Counseling and Advocacy Program)
1-800-434-0222
www.calmedicare.org
Help for Medicare members.

HMO Help Center
1-888-466-2219
www.dmhc.ca.gov
Learn more about your rights.

Medi-Cal Managed Care Ombudsman
1-888-452-8609
Call if you have a problem with your Medi-Cal health plan.

Office of the Patient Advocate (OPA)
www.opa.ca.gov
Click on "Get Local Help."

Your Employer
Your benefits/human resources office may help you if you have a problem with your plan.

Q&A

My doctor says I need surgery for my back, but I do not understand how it will help. What can I do?

You have a right—and a responsibility—to understand your treatment. Ask the doctor to explain what the surgery will do. Make sure you understand all the risks and benefits.

Can I see my medical records?

Yes. You have a right to get a copy of your medical records. You may be charged a fee for the copying.

My doctor asked my plan to approve a referral 3 weeks ago. I still have not heard back. How long should I wait?

Usually your plan should approve or deny a referral within 5 business days, or 3 days if your problem is urgent. Since you have waited so long, you should call your plan and tell them you want to file a complaint. See the next chapter.

TIPS

Talk to Your Doctor

Explain your problem. Ask:

- What do you recommend?
- Can you help me?
- What should I do next?

Talk to Your Plan

Every plan in California has a member/customer service phone number. Look on your membership card or on page 54.

1. Explain your problem briefly.
2. Ask for someone who can help you.
3. Then, explain your problem in more detail.
4. Make sure the person understands.
5. Ask for the person's name and direct phone number.
6. Ask what will happen next and how long it will take.
7. Ask for a reply in writing.

Tips to Help You Speak Up

- Act promptly.
- Be persistent.
- Ask to speak to a supervisor.
- Take notes on your calls. Write down the date and time of each call, the name of the person you spoke with, and a summary of what you each said.
- Keep all your notes and letters in one place.
- Have someone with you for support during phone calls or meetings.
- If you are denied care, ask for the reason in writing.
- Learn more about your rights. Visit **www.dmhc.ca.gov.** See page 52.

You Have the Right to:

- Be treated with courtesy and respect.
- Get quality health care.
- Get care from qualified medical personnel.
- Choose a doctor you trust.
- Get an appointment when you need one.
- Understand your health problem and the risks and benefits of your treatment choices.
- Get a second opinion about a diagnosis or treatment.
- Choose or refuse treatment.
- Get a copy of your medical records.

Get Local Help

There are many organizations that help consumers with health care problems. Some of these groups are listed on pages 56–60. Visit **www.opa.ca.gov** and click on "Get Local Help" to find a group in your community.

Photo courtesy Brenda Parker

File a Complaint with Your Plan

If talking with your doctor or your plan does not help, you have the right to file a complaint. A complaint is also called a grievance or appeal. Your plan must give you a written decision. If you disagree with the decision, you can file a complaint with the state. See the next chapter to learn more.

Kendra requested a referral for her daughter to an asthma specialist for children. "Our plan would not approve the referral so I filed a complaint with the plan. And I got her doctor to write a letter explaining why the referral was needed."

Resources

Contact Your Health Plan
See page 54.

HMO Help Center
1-888-466-2219
www.dmhc.ca.gov
Help if you have a problem with your health plan.

Q&A

I called my plan and complained but nothing happened. What can I do?

When you call, make sure to say that you want to file a complaint. Then, if the plan does not respond within 30 days, or within 3 days if your problem is urgent, you can call the HMO Help Center. See the next chapter.

What is a grievance or an appeal?

A grievance or an appeal is another name for a complaint. Each health plan uses different words.

My plan says the service I need is not covered. How do they decide this?

They look at your Evidence of Coverage (EOC), which is your contract with the plan. It explains your benefits. Ask your plan to send you a copy of the EOC and tell you which page says that the service is not covered.

TIPS

How to File a Complaint with Your Plan

You can file a complaint by letter or e-mail, over the phone, or on your plan's website.

- State clearly that you want to file a complaint. Then explain the problem.
- Your plan must give you a decision within 30 days, or within 3 days if your health problem is urgent.
- You must file your complaint within 6 months after the incident or action that is the cause of your problem.

Common Problems

You can file a complaint if you have any problem related to your care or a service. Here are some examples:

- You are denied a service, treatment, or medicine.
- You are denied a referral.
- You get a bill from a provider who is in your plan's network, other than a bill for your co-pay or co-insurance.
- Your plan will not pay you back for a covered service that you paid for and received.
- Your plan will not pay for your emergency room care.
- You cannot get an appointment as soon as you need it.
- You think you received poor care or service.

Information You Need When You File a Complaint

You can print a worksheet "My Complaint" at **www.opa.ca.gov.**

Have this information handy:	Example: Eleanor's Complaint
1. Your health plan membership number:	1. *My membership number: 1234567*
2. A short description of your problem:	2. *My problem is that I need more physical therapy after my accident. I had 5 sessions and my plan said I cannot have more.*
3. Why you need this benefit or service:	3. *I need this service because my hip was hurt badly. I am getting better, but I cannot walk more than a block.*
4. The date the problem happened or started:	4. *My doctor asked for more physical therapy on June 13 and I got a denial on June 21.*
5. If you feel the problem is urgent, why:	5. *My life is not in danger, but I feel this is urgent because I am in pain and cannot do things.*

Call the HMO Help Center

If you disagree with your plan's decision about your complaint, you can file a complaint or get an Independent Medical Review with the HMO Help Center. If your problem is urgent, you can call the HMO Help Center without filing a complaint with your plan first.

Ken had a procedure to correct a rapid heartbeat. "Afterward, my heartbeat was still too fast, but the doctor just said to come back in a few months. I saw another doctor, who said the procedure should be done again.

"My plan denied my request, so I called the HMO Help Center and got an Independent Medical Review. The doctors who reviewed my case agreed with me, so my plan had to pay to do the procedure again."

Resources

HMO Help Center
1-888-466-2219
www.dmhc.ca.gov
Call 24 hours a day. Help in many languages. Get forms and instructions for complaints and Independent Medical Reviews.

The HMO Help Center is part of the Department of Managed Health Care, a state agency that regulates health plans and protects the rights of members.

Q&A

I have cancer and want an experimental treatment. My plan denied it. What can I do?

Most plans say that they do not cover experimental treatments. However, you can ask the state for an Independent Medical Review of this denial. Your condition must be serious.

TIPS

Independent Medical Review (IMR)

An IMR is a review of your case by one or more doctors who are not part of your health plan. You do not pay anything. If the IMR is decided in your favor, your plan must give you the service or treatment you asked for.

You may qualify for an IMR if your health plan:

- Denies, changes, or delays a service or treatment because the plan says it is not medically necessary.
- Denies an experimental treatment for a serious condition. If this happens, apply for an IMR right away. You do not have to file a complaint with your plan first.
- Will not pay for emergency or urgent care that you already received.

How to File a Complaint or Apply for an IMR

- Fill out a complaint form or an IMR application form. Call the **HMO Help Center** at **1-888-466-2219** to get a form, or print one at **www.dmhc.ca.gov.**
- If you do not qualify for an IMR, the HMO Help Center will review your case as a complaint against your health plan.

Call the HMO Help Center If:

- Your problem is urgent.
- You filed a complaint with your plan and you disagree with your plan's decision.
- Your plan does not make a decision within 30 days, or within 3 days if your problem is urgent.
- Your plan denies an experimental or investigational treatment for a serious condition.
- Your plan cancels your coverage.
- You have questions or need IMR or complaint forms.

If You Cannot Solve Your Problem with Your Plan

Kind of Plan	Where to Go Next	Phone Number/Website
Most HMOs, as well as Blue Cross and Blue Shield PPOs	• HMO Help Center	1-888-466-2219 www.dmhc.ca.gov
Other PPOs	• Department of Insurance	1-800-927-4357 www.insurance.ca.gov
Medi-Cal Managed Care	• Medi-Cal Managed Care Ombudsman • HMO Help Center	1-888-452-8609 1-888-466-2219
Medicare Advantage	• HICAP (for help and advice)	1-800-434-0222

Contact Your Health Plan

Look for your health plan's Member/Customer Services phone number on this list or on your membership card.

- If you do not speak English, ask for someone who speaks your language. See pages 24–25.
- If there is no TTY, call the California Relay at **7-1-1.** You can also call **7-1-1** if you have a speech disability.

Call your Member/Customer Services for general assistance and answers to your questions.

- Ask questions about billing.
- Get a copy of your Evidence of Coverage or summary of benefits. These documents explain your plan's benefits, costs, and rules.
- Ask about health care outside your plan's service area.
- File a complaint. See pages 50–51.
- Add or remove family members from your plan.
- Get a replacement copy of your membership card.
- Tell your plan when your address or phone number changes.
- Get help with access to care for people with disabilities. See pages 26–27.
- Get help finding an interpreter. See pages 24–25.

Health plan	Phone	TTY	Website
Aetna US Healthcare of California	1-800-756-7039	1-800-628-3323	www.aetna.com
Alameda Alliance for Health	1-877-932-2738	1-510-747-4501	www.alamedaalliance.org
Anthem Blue Cross (formerly Blue Cross of California):			
Individual Plans	1-800-333-0912	1-800-735-2922	www.bluecrossca.com
Large Groups	1-800-999-3643	1-800-735-2922	www.bluecrossca.com
Senior Services	1-800-333-3883	1-800-735-2922	www.bluecrossca.com
Small Groups	1-800-627-8797	1-800-735-2922	www.bluecrossca.com
Blue Shield of California	1-800-431-2809	1-800-241-1823	www.mylifepath.com
CalOptima	1-888-587-8088		www.caloptima.org
Care 1st Health Plan	1-800-605-2556	1-800-735-2929	www.care1st.com
CenCal Health	1-877-814-1861	1-805-685-4131	www.cencalhealth.org
Central Coast Alliance for Health	1-800-700-3874	1-877-548-0857	www.ccah-alliance.org
Chinese Community Health Plan	1-888-775-7888	1-877-681-8888	www.cchphmo.com
Cigna HealthCare of California, Inc.	1-800-344-0557	1-800-321-9545	www.cigna.com
Citizens Choice Health Plan	1-866-634-2247	1-866-516-9366	www.citizenschoicehealth.com

Health plan	Phone	TTY	Website
Community Health Group of San Diego	1-800-224-7766	1-800-735-2922	www.chgsd.com
Contra Costa Health Plan	1-877-661-6230		www.cchealth.org/health_plan
County of Los Angeles Community Health Plan	1-800-475-5550	1-800-353-7988	http://ladhs.org/chp
EZ Choice Health Plan	1-866-999-3945	1-800-735-2929	www.easychoicehealthplan.com
GEMCare Health Plan	1-877-697-2464	1-888-833-9312	www.gemcarehealthplan.com
Great-West Health Care	1-800-663-8081		www.mygreatwest.com
Health Net:			
Large Groups	1-800-522-0088	1-800-995-0852	www.healthnet.com
Small Groups	1-800-361-3366	1-800-995-0852	www.healthnet.com
Select	1-800-676-6976	1-800-995-0852	www.healthnet.com
Seniority Plus	1-800-275-4737	1-800-929-9955	www.healthnet.com
Health Plan of San Joaquin	1-800-932-7526	1-209-942-6306	www.hpsj.com
Health Plan of San Mateo	1-800-750-4776		www.hpsm.org
HMO California	1-800-635-6668	1-866-321-5955	www.hmocalif.com
Inland Empire Health Plan	1-800-440-4347	1-800-718-4347	www.iehp.org
Inter Valley Health Plan	1-800-251-8191	1-800-505-7150	www.ivhp.com
Kaiser Permanente	1-800-464-4000	1-800-777-1370	www.kp.org
L.A. Care Health Plan	1-888-452-2273		www.lacare.org
M.D. Care	1-888-285-9676	1-800-735-2929	www.mdcareadvantage.com
MedCore	1-800-320-5688	1-800-258-6810	www.medcorehp.com
Molina Healthcare of California	1-888-665-4621	1-800-479-3310	www.molinahealthcare.com
North American Medical Management (NAMM) California	1-800-864-7500		www.nammcal.com
On Lok Senior Health Services	1-888-996-6565	1-415-292-8898	www.onlok.org
PacifiCare of California	1-800-624-8822	1-800-442-8833	www.pacificare.com
Secure Horizons	1-800-228-2144		www.securehorizons.com
San Francisco Health Plan	1-800-288-5555		www.sfhp.org
San Miguel Health Plan	1-888-946-4040	1-888-978-7070	www.sanmiguelhealthplan.com
Santa Clara County Valley Health Plan	1-888-421-8444		vhp.sccgov.org
Santa Clara Family Health Plan	1-800-260-2055	1-800-567-7759	www.scfhp.com
Scan Health Plan	1-800-559-3500	1-800-735-2929	www.scanhealthplan.com
Scripps Clinic Health Plan Services, Inc.	1-888-680-2273		www.scrippsclinic.com
Sharp Health Plan	1-800-359-2002		www.sharp.com
Sistemas Médicos Nacionales S.A. (SIMNSA)	1-800-424-4652		www.simnsa.com
Ventura County Health Care Plan	1-800-600-8247	1-800-735-2929	www.vchca.org/hcp
Western Health Advantage	1-888-563-2250	1-888-877-5378	www.westernhealth.com

Phone Numbers & Websites

This is a list of the phone numbers and websites in this guide.

- Toll-free phone numbers begin with 1-800, 1-866, 1-877, or 1-888.
- If there is no TTY, call the California Relay at **7-1-1.** You can also call **7-1-1** if you have a speech disability. For more information on the Relay, visit **www.ddtp.org/california_relay_service.**
- Not all websites are accessible to people with disabilities. If a site is not accessible, e-mail the webmaster. There may be a link at the bottom of the webpage.
- A "Es" after a phone number or website means there is usually someone who speaks Spanish or the website has information in Spanish.

Resource	Description	Number	Website
1-800-Medicare	Information and help for people with Medicare.	1-800-633-4227 Es	www.medicare.gov Es
9-1-1	Call in an emergency.	9-1-1 Es	
Agency for Healthcare Research & Quality (AHRQ)	Information on quality health care.	1-800-358-9295 Es	www.ahrq.gov/consumer/prevention Es
AIM	Low-cost health insurance for pregnant women with low and middle incomes.	1-800-433-2611 Es	www.aim.ca.gov Es
American Board of Medical Specialties	Learn about different specialties and find out if a specialist is board certified.	1-866-275-2267	www.abms.org
American Cancer Society	Learn about many kinds of cancer; find local support.	1-800-227-2345 Es	www.cancer.org Es
American Chronic Pain Association	Information and resources for people with chronic pain.	1-800-533-3231	www.theacpa.org Es
American College of Surgeons	Information on common operations and choosing a surgeon.	1-800-621-4111 Es	www.facs.org
American Diabetes Association	Information about diabetes, diet, exercise, weight loss, and prevention.	1-800-342-2383 Es	www.diabetes.org Es
American Heart Association	Information on heart disease and stroke.	1-800-242-8721 Es	www.americanheart.org Es
American Lung Association	Information on lung diseases; help making treatment decisions.	1-800-548-8252 Es	www.lungusa.org Es
Arthritis Foundation	Information on arthritis and related conditions; help finding local resources.	1-877-226-4267 Es	www.arthritis.org Es
AT Network	Information on equipment and assistive technology.	1-800-390-2699 Es 1-800-900-0706 Es (TTY)	www.atnet.org Es
CalHospital Compare	Resources to help you compare hospitals.		www.calhospitalcompare.org Es
California AIDS Hotline	Information on HIV/AIDS services.	1-800-367-2437 Es	www.aidshotline.org Es
California Foundation for Independent Living Centers	Resources for people with disabilities.	1-916-325-1690 Es 1-916-325-1695 Es (TTY)	www.cfilc.org
California Hospital Association	Download or request a free Advance Health Care Directive form in English or Spanish.	1-800-494-2001	www.calhealth.org

Es Phone number or website has information in Spanish.

Phone Numbers & Websites

Resource	Description	Number	Website
California Patient's Guide	A guide to health care rights.		www.calpatientguide.org
California Registry	Information on nursing home, long-term, and hospice care.	1-800-777-7575	www.calregistry.com
Cancer Information	Information on cancer treatments.	1-800-422-6237 ES	www.cancer.gov ES
CDC Info	Immunization guidelines.	1-800-232-4636 ES	www.cdc.gov/vaccines ES
Center Watch	Information on clinical trials.		www.centerwatch.com
Clinical Trials	Information on clinical trials.		www.clinicaltrials.gov
Deaf Counseling, Advocacy and Referral Agency	Resources for people who are deaf or hard of hearing.	1-877-322-7299 1-877-332-7288 (TTY)	www.dcara.org
Department of Insurance	Information on health insurance. Help with problems.	1-800-927-4357 ES	www.insurance.ca.gov ES
Department of Managed Health Care (HMO Help Center)	Information and help 24 hours a day for health plan members.	1-888-466-2219 ES	www.dmhc.ca.gov ES
Disability Rights Advocates	A guide to the health care rights of people with disabilities.		www.dralegal.org/publications/know_your_rights.php ES
Drug Digest	Check for drug interactions.		www.drugdigest.org
E-Health Insurance	Compare costs and benefits for health plans you buy on your own.		www.ehealthinsurance.com
Family Caregiver Alliance	Information and help for family caregivers.	1-800-445-8106 ES	www.caregiver.org ES
FDA	Information on prescription drugs, vitamins, and herbs.	1-888-463-6332 ES	www.fda.gov/cder/drug ES
Health Care Options	Call to change your Medi-Cal health plan.	1-800-430-4263 ES	
Health Consumer Alliance	Fact sheets in many languages on low-cost health care. Click on publications.		www.healthconsumer.org ES
Health Insurance Info	Download guide to consumer rights under federal and state laws.		www.healthinsuranceinfo.net
Health Rights Hotline	Information on consumer rights. The hotline serves only El Dorado, Placerville, Sacramento, and Yolo Counties.	1-888-354-4474 ES	www.hrh.org
Healthfinder	A portal to health care and drug safety information on the Internet.		www.healthfinder.gov ES

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Resource	Description	Number	Website
Healthy Families	Low-cost health insurance for children who do not qualify for Medi-Cal.	1-800-880-5305 Es	www.healthyfamilies.ca.gov Es
HICAP (Health Insurance Counseling and Advocacy Program)	Help for Medicare members.	1-800-434-0222 Es	www.calmedicare.org
HMO Help Center	Information and help 24 hours a day for health plan members.	1-888-466-2219 Es	www.dmhc.ca.gov Es
Joint Commission	Call to file a complaint about a hospital or learn about hospital patient safety online.	1-800-994-6610	www.jcaho.org
KidsHealth	Information on children's health.		www.kidshealth.org Es
Lab Tests Online	Information about lab tests.		www.labtestsonline.org Es
Lumetra	Help if your Medicare hospital, nursing home, home health, or rehab care is ending too soon.	1-800-841-1602 Es	www.lumetra.com
Mayo Clinic	Consumer information on many health topics.		www.mayoclinic.com
Medi-Cal Managed Care Ombudsman	Help if you have a problem with your Medi-Cal plan.	1-888-452-8609 Es	
Medi-Cal Mental Health Care Ombudsman	Help with Medi-Cal mental health care services.	1-800-896-4042 Es	
Medical Board of California	Licenses and takes complaints about doctors. Check doctors online.	1-800-633-2322	www.medbd.ca.gov
Medline Plus	Find health information online. Or call for telephone assistance.	1-888-346-3656	www.medlineplus.gov Es
Mental Health Association	Information and advocacy for people with mental health problems.	1-800-969-6642 Es	www.mhac.org
MRMIP (Major Risk Medical Insurance Program)	Insurance program, managed by Blue Cross, for people who are turned down by individual plans because of a pre-existing condition.	1-800-289-6574 Es	www.mrmib.ca.gov
My Family Health Portrait	Create a family health history report.		www.dhhs.gov/familyhistory Es
My Health Resource	Help finding health care if you do not have health insurance.		www.myhealthresource.org

Es Phone number or website has information in Spanish.

Phone Numbers & Websites

Resource	Description	Number	Website
NAMI	Information and support for families with seriously mentally ill relatives. Programs for consumers.	1-800-950-6264 Es	www.namicalifornia.org Es
National Committee for Quality Assurance (NCQA)	Information on quality health care and HMO standards.	1-888-275-7585	www.ncqa.org
National Guideline Clearinghouse	Care guidelines for many health conditions.		www.guideline.gov
National Institute on Aging	Information for seniors.	1-800-222-2225 Es 1-800-222-4225 (TTY)	www.nia.nih.gov
National Institutes of Health	Information on many health issues.		www.health.nih.gov Es
Office of the Patient Advocate (OPA)	Information on getting quality health care in California.	1-916-324-6407 Es 1-866-499-0858 (TTY)	www.opa.ca.gov Es
Osteoporosis	Information and research on osteoporosis.	1-800-624-2663 Es	www.osteo.org Es
Pharmacy Checker	Compare drug prices.		www.pharmacychecker.com Es
Poison Action Line	Emergency help for victims of poisoning.	1-800-222-1222 Es	www.calpoison.org Es
Protection & Advocacy	Legal advocacy for people with disabilities.	1-800-776-5746 Es 1-800-649-0154 (TTY)	www.pai-ca.org Es
Uninsured Help Line	Help finding no-cost and low-cost health care.	1-800-234-1317 Es	www.coverageforall.org
U.S. Department of Labor	Information on COBRA, HIPAA, and federal health care rights.	1-866-444-3272 Es	www.dol.gov/ebsa/faqs

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Common Terms

Terms	
benefit/covered benefit/ benefits package	A service your health plan will pay for if you need it. A benefits package is all the services that a plan covers.
COBRA/Cal-COBRA	Laws that help people keep their group health plan. COBRA is the federal Consolidated Omnibus Budget Reconciliation Act. Cal-COBRA is a California law.
co-insurance	A fee based on a percent of the cost of a service. You must pay this fee each time you see a doctor, get a prescription, or get other services. PPOs often charge a co-insurance instead of a co-pay.
co-pay/co-payment	A flat fee you pay each time you see a doctor, fill a prescription, or get other services. HMOs usually charge a co-pay instead of a co-insurance.
Evidence of Coverage (EOC)	A document that explains what your health plan does and does not cover and the rules you must follow for getting care.
formulary	Your health plan's list of preferred prescription drugs.
generic drug	A drug that is made without patent protection. When a company's patent on a new drug runs out, other companies can make the drug and set lower prices for it.
group plan	A health plan that you get through your job.
HIPAA	A federal law that protects your right to get an individual plan when your group plan ends. HIPAA is the Health Insurance Portability and Accountability Act. HIPAA also sets national standards for the privacy of personal health information.
HMO (Health Maintenance Organization)	A kind of health plan in which you must get all your health care services from the doctors and other providers in the plan's network.
IMR (Independent Medical Review)	A review of your case by doctors who are not part of your health plan. An IMR can overturn your plan's denial of a treatment you need. See pages 52–53.
individual plan	A health plan that you buy on your own, as an individual instead of through your job.
medical group	A group of doctors and other providers who have a business together.
network	All the doctors, medical groups, labs, hospitals, and other providers who work for the HMO or PPO or have a contract with it.
PPO (Preferred Provider Organization)	A kind of health plan. In a PPO you can go outside the plan's network and pay a higher cost.
premium	The monthly fee your health plan charges.
primary care provider (PCP)	Your main doctor who gives you most of your care and refers you for other services when you need them. Also called a primary care physician or PCP.
service area	The counties or zip codes that a health plan serves.
yearly deductible	The amount you may have to pay each year before your health plan starts to pay.
yearly out-of-pocket maximum	The total you have to pay each year for most of your services.

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Blue page numbers have the most information about a topic.

Notes

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www.opa.ca.gov

The HMO Help Center

1-888-466-2219

Call 24 hours-a-day

Help in many languages