



# IMPORTANT CHANGES TO YOUR PLAN

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

🌐 [www.hpsm.org](http://www.hpsm.org)

**Do we have the right mailing address for you?**

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

# DON'T LOSE YOUR MEDI-CAL



**If you have moved or are not getting mail from Medi-Cal – give San Mateo Human Services Agency (HSA) your correct mailing address, phone number and email.** HSA will send your renewal packet in the mail and contact you with updates about your Medi-Cal.



**If you already received a Medi-cal renewal packet, submit it right away.** Do this even if you don't have all the paperwork.

## YOU CAN UPDATE YOUR INFORMATION IN TWO WAYS:

**Fastest service online:** Sign in or create an account at [mybenefitscalwin.org](http://mybenefitscalwin.org). All you need is an email address to update your information or submit your renewal packet.

**Or call HSA** at 1-800-223-8383.



**COUNTY OF SAN MATEO**  
HUMAN SERVICES AGENCY



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

tel 650.616.0050

fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

[www.hpsm.org](http://www.hpsm.org)

June 26, 2024

## Changes made to the 2024 Medi-Cal Member Handbook

Dear Member,

Helping members know their benefits helps us make sure they can stay healthy. You are getting this notice because items in the 2024 Medi-Cal Member Handbook have changed:

- **Chapter 3 How to get care** – “Minor consent services”
- **Chapter 4 Benefits and services** – “What your health plan covers”

The changes are explained in the attached notice. If you want to see the most up-to-date Medi-Cal Member Handbook, visit [www.hpsm.org/mc-manuals](http://www.hpsm.org/mc-manuals).

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

Sincerely,

Health Plan of San Mateo

This information is available for free in other languages and formats like large print, Braille, or audio CD. Please call Member Services at **1-800-750-4776**. TTY: **1-800-735-2929** or dial **7-1-1**. Hours are Monday through Friday, 8:00 a.m. – 6:00 p.m. This call is free.

Esta información está disponible de forma gratuita en otros idiomas y formatos como letra grande, braille o CD de audio. Por favor, llame a Servicios al Miembro al **1-800-750-4776**. TTY: **1-800-855-3000** o marque **7-1-1**. El horario es de 8:00 a.m. a 6:00 p.m. De lunes a viernes. La llamada es gratuita.

本資訊有其他語言及格式版本 (如大型字體、點字版或語音光碟) 可供免費索取；請致電聯絡會員服務部，電話為**1-800-750-4776**；TTY (聽力及語言障礙) 專線：**1-800-735-2929**，或撥 **7-1-1**。營業時間為上午8:00至下午6:00。從星期一到星期五。該電話是免費電話服務。

Ang impormasyong ito ay makukuha nang libre sa ibang wika at anyo tulad ng Braille o audio CD. Pakitawagan ang Mga Serbisyo sa Miyembro sa **1-800-750-4776**. TTY: **1-800-735-2929** o i-dial ang **7-1-1**. Ang mga oras ay 8:00 a.m. hanggang 6:00 p.m. Lunes hanggang Biyernes. Libre ang pagtawag.

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# 3. How to get care

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## Sensitive care

### Minor consent services

If you are under age 18, you can get some services without a parent's or guardian's permission. These services are called minor consent services.

You may get these services without your parent or guardian's permission:

- **Services for rape and other sexual assaults**
- Pregnancy **testing and counseling**
- **Contraception services such as** birth control **(excludes sterilization)**
- Abortion services

If you are 12 years old or older, you may also get these services without your parent's or guardian's permission:

- Outpatient mental health services based on your maturity level and ability to participate in your own health care
- HIV/AIDS **counseling**, prevention, testing, and treatment
- Sexually transmitted infections prevention, testing, and treatment **which may include sexually transmitted diseases such as syphilis, gonorrhea, chlamydia, and herpes simplex.**
- Substance use disorder treatment **for drug and alcohol abuse including screening, assessment, intervention, and referral services**
  - To learn more, read "Substance Use Disorder Treatment services" in Chapter 4 of this handbook.

For pregnancy testing, family planning services, birth control services, or services for sexually transmitted infections, the doctor or clinic does not have to be in the HPSM network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization). **For more information related to family planning services, please reference the "Preventive and Wellness Services and Chronic Disease Management" in Chapter 4 of this handbook.**

For minor consent services that are **outpatient** mental health services, you can go to an in-network **or out-of-network** provider without a referral and without pre-approval (prior authorization). Your PCP does not have to refer you and you do not need to get pre-approval (prior authorization) from HPSM to get covered minor consent services.

Minor consent services that are specialty mental health services are not covered. Specialty mental health services are covered by the county mental health plan for the county where you live.

Minors can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advice Line at 1-833-846-8733.

HPSM will not send information about getting sensitive services to parents or guardians. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

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# 4. Benefits and services

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## What your health plan covers

This chapter explains your covered services as a member of HPSM. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask HPSM for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Members under 21 years old get extra benefits and services. To learn more, read Chapter 5, “Child and youth well care.”

Some of the basic health benefits HPSM offers are listed below. Benefits with a star (\*) need pre-approval (prior authorization).

## 4 | Benefits and services

- Acupuncture\*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology\*
- Behavioral health treatments\*
- Cardiac rehabilitation
- Chiropractic services\*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community health worker services
- [For San Mateo County only] Dental services (performed by dental professional)
- [For all other counties] Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)\*
- Dyadic services
- Emergency room visits
- Enteral and parenteral nutrition\*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices\*
- Hearing aids
- Home health care\*
- Hospice care\*
- Inpatient medical and surgical care\*
- Lab and radiology\*
- Long-term home health therapies and services\*
- Maternity and newborn care
- Major organ transplant\*
- Occupational therapy\*
- Orthotics/prostheses\*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery\*
- Palliative care\*
- PCP visits
- Pediatric services
- Physical therapy\*
- Podiatry services\*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices\*
- Skilled nursing services
- Specialist visits
- Speech therapy\*
- Surgical services
- Telemedicine/Telehealth
- Transgender services\*
- Urgent care
- Vision services\*
- Women's health services



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## Medi-Cal benefits covered by HPSM

### Maternity and newborn care

HPSM covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies
- Breastfeeding education and aids
- **Care coordination**
- Certified Nurse Midwife (CNM)
- **Counseling**
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)
- Maternal mental health services
- Newborn care
- **Nutrition education**
- Pregnancy-related health education
- Prenatal care
- **Social and mental health assessments and referrals**
- **Vitamin and mineral supplements**

## NONDISCRIMINATION NOTICE

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Discrimination is against the law HPSM follows State and Federal civil rights laws. HPSM does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

HPSM provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

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

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

### HOW TO FILE A GRIEVANCE

If you believe that HPSM has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with HPSM. You can file a grievance by phone, in writing, in person, or electronically:

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

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

- In person: Visit your doctor's office or HPSM and say you want to file a grievance.
- Electronically: Visit HPSM's website at [grievance.hpsm.org](http://grievance.hpsm.org)

## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **7-1-1** (Telecommunications Relay Service).
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at [www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

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

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

**հայերեն (Armenian):** Ուշադրութեամբ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգահարեք **1-800-750-4776** (TTY: **1-800-735-2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք **1-800-750-4776** (TTY: **1-800-735-2929**): Այդ ծառայություններն անվճար են:

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

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

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

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

**Hmoob (Hmong):** CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-750-4776** (TTY: **1-800-735-2929**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-800-750-4776** (TTY: **1-800-735-2929**). Cov kev pab cuam no yog pab dawb xwb.

**日本(Japanese):** 注意日本語での対応が必要な場合は **1-800-750-4776** (TTY: **1-800-735-2929**)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-800-750-4776** (TTY: **1-800-735-2929**)へお電話ください。これらのサービスは無料で提供しています。

**한국인 (Korean)**

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

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

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

**Português (Portuguese):** ATENÇÃO: se precisar de ajuda em seu idioma, ligue para **1-800-750-4776** (TTY: **1-800-735-2929**). Auxílios e serviços para pessoas com deficiência, como documentos em braille e letras grandes, também estão disponíveis. Ligue para **1-800-750-4776** (TTY: **1-800-735-2929**). Tais serviços são gratuitos.

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

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

### **Español (Spanish)**

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

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

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

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

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-750-4776** (TTY: **1-800-735-2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-800-750-4776** (TTY: **1-800-735-2929**). Các dịch vụ này đều miễn phí.

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**Ang pahinang ito ay sadyang iniwan na blangko.**

# HPSM'S RIDE BENEFIT

**No cost rides to approved healthcare visits for Medi-Cal and CareAdvantage members**

**HPSM's Ride Benefit** can be used when no other form of transportation is available for approved healthcare visits. These visits include, medical, pharmacy, dental, behavioral health and substance use disorder visits covered by Medi-Cal. Rides to non-healthcare locations (schools, gyms, government offices, grocery stores) are not covered.

## AVAILABLE RIDE SERVICES



**Curb-to-curb service** is for those who:

- Can wait at the curb for their ride
- Can get in/out of the vehicle/building by themselves.
- Have a cell phone to get text messages from the driver.



**Door-to-door service** is for those who:

- Need the driver's help getting in/out of the vehicle/building.
- Can move unassisted once inside the building.
- Don't have a cell phone to get text messages from the driver.

## HOW TO GET A RIDE



**Call AMERICAN LOGISTICS (AL) two or more business days before your appointment.**

- Medi-Cal: **1-844-856-4389**
- CareAdvantage: **1-877-356-1080**
- TTY: **7-1-1**

**Be ready to tell AL:**

- Your HPSM member ID number.
- The date and time of your appointment.
- Your pick-up and appointment location.
- Whether you want a return ride.
- If you need another person (family member or caretaker) to ride with you.



**Be ready for your ride.** You will be picked up at the location you give at least an hour and fifteen minutes before your appointment time. The driver will only wait for five minutes.



**If you asked for a return ride home,** call *right after your appointment*. A driver will pick you up within 45 minutes.



**To cancel a ride** you must call at least 2 hours before your pickup time to avoid a no-show on your record.

Business hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.  
For urgent appointments, call as soon as possible (even after hours).  
Email [transportationprogram@hpsm.org](mailto:transportationprogram@hpsm.org) for more information.

**Need a specialized medical vehicle?** A prescription from a provider is needed to get a ride in an ambulance, wheelchair van or litter van for medical reasons. The HPSM Ride Benefit cannot be used.

Visit [www.hpsm.org/ride](http://www.hpsm.org/ride) for details about the ride benefit and how to use it.



Healthy is for everyone

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## New Email Address for HPSM Member Services

Send your questions, feedback or concerns to:

**[memberservicessupport@hpsm.org](mailto:memberservicessupport@hpsm.org)**

We will respond to you on the next business day.

Thank you for choosing HPSM as your healthcare provider.