



IMPORTANT CHANGES TO YOUR PLAN

☎ Toll free: 1-866-880-0606
Local: 650-616-2174
TTY: 1-800-735-2929 or dial 7-1-1

🌐 www.hpsm.org/careadvantage

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.

CareAdvantage *by*
 **HealthPlan**
OF SAN MATEO

This page intentionally left blank.

Esta página ha sido dejada en blanco intencionalmente.

此頁有意留為空白。

Ang pahinang ito ay sadyang iniwan na blangko.

Эта страница намеренно оставлена пустой.



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

September 25, 2024

Changes to your health care plan in 2025

CareAdvantage Dual Eligible Special Needs Plan (D-SNP)

Dear Member,

Thank you for being a member of CareAdvantage by Health Plan of San Mateo. This is the Annual Notice of Changes (ANOC) mailing for 2025. It tells you about important changes to your plan and what you will pay for the coming year.

Make sure you read this notice. If you still have questions about the changes for 2025, call the CareAdvantage Unit at **1-866-880-0606** (TTY: **1-800-735-2929** or dial **7-1-1**). Call center hours are 8:00 a.m. to 8:00 p.m. Monday through Sunday.

Health Plan of San Mateo

Make the flu vaccine a priority this year! Ask your healthcare provider about other vaccines, too!

Ask your healthcare provider if you need the pneumonia vaccine. The pneumonia vaccine helps protect you from common bacteria that cause pneumonia. You can get the vaccine from your healthcare provider or pharmacy. For more information visit <https://www.hpsm.org/health-information/preventative-care>.

CareAdvantage Dual Eligible Special Needs Plan (D-SNP) Plan, a Medicare Medical Plan offered by Health Plan of San Mateo

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at www.hpsm.org/careadvantage. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in English, Spanish, Chinese and Tagalog.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1- Monday through Sunday, 8:00 a.m. to 8:00 p.m. This call is free.
 - *To obtain materials in a language other than English and/or in an alternative format now and in the future, email CareAdvantageSupport@hpsm.org or call the CareAdvantage Unit at **1-866-880-0606**, TTY **1-800-735-2929** or dial **7-1-1**. Monday through Sunday, 8:00 a.m. to 8:00 p.m. This call is free. Or send a request in writing to:*

HEALTH PLAN OF SAN MATEO
CAREADVANTAGE UNIT
801 GATEWAY BLVD. SUITE 100
SOUTH SAN FRANCISCO, CA 94080

OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



- *Your preferred language and format will be kept on file for future mailings and communications, so the member does not need to make a separate request each time, and*
- *To change or cancel your preferences, please contact the CareAdvantage Unit.*

ATTENTION: If you need help in your language call **1-866-880-0606** (TTY: **1-800-735-2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-866-880-0606** (TTY:**1-800-735-2929**). These services are free of charge.

الشعار بالعربية **(Arabic)** يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-866-880-0606** (TTY: **1-800-735-2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-866-880-0606** (TTY: **1-800-735-2929**). هذه الخدمات مجانية.

հայերեն (Armenian): ՈւՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-866-880-0606** (TTY:**1-800-735-2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանզահարեք **1-866-880-0606** (TTY: **1-800-735-2929**): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ **(Cambodian):** ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-866-880-0606** (TTY:**1-800-735-2929**)។ ជំនួយ និង



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. For more information, visit www.hpsm.org/careadvantage.

សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក

ឬឯកសារសរសេរជាអក្សរព្រមព្រៀង ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-866-880-0606**

(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 **1-866-880-0606 (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 **1-866-880-0606 (TTY:1-800-735-2929)**。这些服务都是免费的。

(Farsi) خواهيد به زبان خود کمک توجه: اگر می فارسی زبان به مطلب **1-866-880-0606 (TTY: 1-800-735-2929)** تماس دریافت کنید، با بگیريد. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط **1-866-880-0606** بریل و چاپ با حروف بزرگ، نیز موجود است. با تماس بگیريد. این خدمات رایگان ارائه **(TTY:1-800-735-2929)** می شوند.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-866-880-0606 (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। **1-866-880-0606 (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 **1-866-880-0606 (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 **1-866-880-0606** (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 **1-866-880-0606** (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。 **1-866-880-0606** (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 **1-866-880-0606** (TTY:**1-800-735-2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-866-880-0606** (TTY: **1-800-735-2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Lao): ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາ ບ **1-866-880-0606** (TTY:**1-800-735-2929**).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY: **1-800-735-2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.



Mien: LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-866-880-0606** (TTY: **1-800-735-2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-866-880-0606** (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 **1-866-880-0606** (TTY: **1-800-735-2929**). Auxílios e serviços para pessoas com deficiência, como documentos em braille e letras grandes, também estão disponíveis. Ligue para **1-866-880-0606** (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 **1-866-880-0606** (TTY: **1-800-735-2929**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-866-880-0606** (TTY: **1-800-735-2929**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-866-880-0606** (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 **1-866-880-0606** (линия **1-800-735-2929**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-866-880-0606** (TTY: **1-800-735-2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-866-880-0606** (TTY: **1-800-735-2929**). Estos servicios son gratuitos.

Tagalog: **ATENSIYON:** Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-866-880-0606** (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 **1-866-880-0606** (TTY: **1-800-735-2929**). Libre ang mga serbisyong ito.

แบบไทย (Thai): โปรดทราบ:

หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-866-880-0606** (TTY: **1-800-735-2929**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่างๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่างๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-866-880-0606** (TTY: **1-800-735-2929**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

українською (Ukrainian): УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на



номер **1-866-880-0606** (ТТУ:**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 **1-866-880-0606** (ТТУ:**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 **1-866-880-0606** (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 **1-866-880-0606** (TTY:**1-800-735-2929**). Các dịch vụ này đều miễn phí.

Table of Contents

A. Disclaimers.....	9
B. Reviewing your Medicare and Medi-Cal coverage for next year.....	9
B1. Information about CareAdvantage Dual Special Needs Plan (D-SNP).....	9
B2. Important things to do.....	10
C. Changes to our network providers and pharmacies.....	11
D. Changes to benefits and costs for next year.....	12
D1. Changes to benefits for medical services.....	12
D2. Changes to prescription drug coverage.....	13
D3. Stage 1: “Initial Coverage Stage”.....	15

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



D4. Stage 2: “Catastrophic Coverage Stage”	16
E. Administrative changes	16
F. Choosing a plan	17
F1. Staying in our plan	17
F2. Changing plans	17
G. Getting help	22
G1. Our plan.....	22
G2. Health Insurance Counseling and Advocacy Program (HICAP).....	23
G3. Ombuds Program	23
G4. Medicare.....	23
G5. California Department of Managed Health Care	24
G6. The Medicare Prescription Payment Plan	24



A. Disclaimers

- ❖ CareAdvantage Dual Special Needs Plan (D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in CareAdvantage depends on contract renewal.
- ❖ Limitations, copay and restrictions may apply. For more information, call the CareAdvantage Unit or read the Member Handbook. This means that you may have to pay for some services and that you need to follow certain rules to have CareAdvantage pay for your services.
- ❖ The List of Coverage Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits and/or copay may change on January 1 of each year.
- ❖ Copay or prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.

B1. Information about CareAdvantage Dual Special Needs Plan (D-SNP)

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



- CareAdvantage Dual Special Needs Plan (D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under CareAdvantage is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.



- Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with CareAdvantage:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in CareAdvantage.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

website at www.hpsm.org/careadvantage. You may also call the CareAdvantage Unit at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

D. Changes to benefits and costs for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain benefits next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Over-the-counter (OTC) Benefit	\$90 every three months. Unused card allowance does not carry over.	\$95 every three months. Unused card allowance carries over to the next three-month period.
Healthy Grocery Benefit	\$65 every three months. Unused card allowance does not carry over.	\$70 every three months. Unused card allowance carries over to the next three-month period.
Medical Alert Device	Medical Alert Device is not covered.	Medical Alert Device is covered.
Rides for Fitness Membership Program	Rides for Fitness Membership Program are not covered	12 one-way rides every month for the Fitness Membership Program are covered. (Users must follow all HPSM Ride Benefit rules.)

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



D2. Changes to prescription drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs (Formulary)* is located on our website at www.hpsm.org/careadvantage. You may also call the CareAdvantage Unit at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs (Formulary)*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call the CareAdvantage Unit at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call the CareAdvantage Unit at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact the CareAdvantage Unit or your care manager. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care manager.
- Ask us to cover a temporary supply of the drug.

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



- In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
- This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If you were granted an exception in 2024 to cover a drug that is not on *List of Covered Drugs (Formulary)*, you will need to ask for another exception once that exception has expired.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately move it to a different cost-sharing tier or add new rules or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website:

www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients.

You may also contact the CareAdvantage Unit at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2025.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$2,000**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

Beginning in 2025, under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program do not count toward out-of-pocket costs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

For information about the costs for a long-term supply, look in Chapter 6, Section D of your *Member Handbook*.

Most adult Part D vaccines are covered at no cost to you.

The following table shows your costs for drugs in each of our 2 drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.



	2024 (this year)	2025 (next year)
<p>Drugs in Tier 1 <i>(generic drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30 day) supply is \$0, \$1.55 or \$4.50 per prescription.</p>	<p>Your copay for a one-month (30 day) supply is \$0, \$1.60, or \$4.90 per prescription.</p>
<p>Drugs in Tier 2 <i>(brand drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30 day) supply is \$0, \$4.60, or \$11.20 per prescription.</p>	<p>Your copay for a one-month (30 day) supply is \$0, \$4.80, \$12.15 per prescription.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

When you reach the out-of-pocket limit of **\$2,000** for your prescription drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** of your *Member Handbook*.

E. Administrative changes

We are making the following administrative change for 2025. This program helps those whose drug copays for a given month are too much. However, it will not lower your total out-of-pocket costs; instead, it spreads your costs evenly throughout the year as monthly payments.

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit www.medicare.gov .

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following Special Enrollment Periods:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

1. You can change to:

A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.

Note: The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit <https://www.hicapsanmateocounty.org/>

OR

Enroll in a new Medi-Medi Plan.

You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/ <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>
---	---



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/ <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>
--	--



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit https://www.hicapsanmateocounty.org/ <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
--	--

Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

G. Getting help

G1. Our plan

We're here to help if you have any questions. Call the CareAdvantage Unit at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.hpsm.org/careadvantage. You may also call the CareAdvantage Unit at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2025.

Our website

You can visit our website at www.hpsm.org/careadvantage. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (Formulary)*.

G2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. (TTY 7-1-1). For more information or to find a local HICAP office in your area, please visit <https://www.hicapsanmateocounty.org/>.

G3. Ombuds Program

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombuds Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-855-501-3077.

G4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

G5. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-866-880-0606** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online. Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

G6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. This program does not lower your total out-of-pocket costs. "Extra Help" from Medicare and help from your state's pharmaceutical assistance

If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.



program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit Medicare.gov.



If you have questions, please call the CareAdvantage Unit at 1-866-880-0606, TTY 1-800-735-2929 or dial 7-1-1, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free. **For more information**, visit www.hpsm.org/careadvantage.

MEMBER MATERIALS REQUEST FORM

CareAdvantage Dual Eligible Special Needs Plan (D-SNP)

All member materials are available online at www.hpsm.org.
To order printed versions, fill out the form below and mail it to HPSM.
This is optional: only mail the form if you want paper materials.

Materials you can order

Summary of Benefits Briefly explains CareAdvantage benefits and services with answers to frequently asked questions, contact information and a description of your member rights. View online at www.hpsm.org/careadvantage-2025/member-materials.

Member Handbook Explains CareAdvantage coverage, including healthcare services, prescription medicine coverage and more. View online at www.hpsm.org/careadvantage-2025/member-materials.

Provider Directory A listing of all doctors, specialists, and pharmacies (providers) in the CareAdvantage network. Search the Provider Directory online at www.hpsm.org/directory-search.

Formulary A list of medicines that CareAdvantage covers. Use it to find out if your medicines are covered. Search the Formulary online at www.hpsm.org/drug-search.

If you have questions about this request form, or if you need help finding a doctor or a drug, please contact the CareAdvantage Unit, Monday through Sunday, 8:00 a.m. to 8:00 p.m. at **650-616-2174** or **1-866-880-0606**. TTY: **1-800-735-2929** or dial **7-1-1**.

.....*Cut here and mail back to Health Plan of San Mateo*

Please send me a printed copy of the following CareAdvantage **materials**:

- | | |
|--|--|
| <input type="checkbox"/> Summary of Benefits | <input type="checkbox"/> Member Handbook |
| <input type="checkbox"/> Provider Directory | <input type="checkbox"/> Formulary |

First Name

Last Name

Mailing Address

City, State, Zip Code

..... *Cut here and mail back to Health Plan of San Mateo*



This page intentionally left blank.

Esta página ha sido dejada en blanco intencionalmente.

此頁有意留為空白。

Ang pahinang ito ay sadyang iniwan na blanko.

Эта страница намеренно оставлена пустой.

This page intentionally left blank.

Esta página ha sido dejada en blanco intencionalmente.

此頁有意留為空白。

Ang pahinang ito ay sadyang iniwan na blangko.

Эта страница намеренно оставлена пустой.

NONDISCRIMINATION NOTICE

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

HPSM provides:

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

If you need these services, contact the CareAdvantage Unit between Monday through Sunday, 8:00 a.m. to 8:00 p.m. by calling **1-866-880-0606**. 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.: CareAdvantage Unit
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
1-866-880-0606 or 650-616-2174
TTY: 1-800-735-2929 or 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 Sunday, 8:00 a.m. to 8:00 p.m. by calling **1-866-880-0606**. Or, if you cannot hear or speak well, please call TTY **1-800-735-2929** or dial **7-1-1**.
- In writing: Fill out a complaint form or write a letter and send it to:

**Health Plan of San Mateo
Attn.: Civil Rights Coordinator**

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

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

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

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

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

Complaint forms are available at www.dhcs.ca.gov/Pages/Language_Access.aspx

- Electronically: Send an email to CivilRights@dhcs.ca.gov

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

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

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

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

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

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

LANGUAGE TAGLINES

English

ATTENTION: If you need help in your language call **1-866-880-0606** (TTY: **1-800-735-2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-866-880-0606** (TTY: **1-800-735-2929**). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-866-880-0606** (TTY: **1-800-735-2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-866-880-0606** (TTY: **1-800-735-2929**). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-866-880-0606** (TTY:**1-800-735-2929**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք **1-866-880-0606** (TTY:**1-800-735-2929**): Այդ ծառայություններն անվճար են:

ប្រាសាទខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-866-880-0606** (TTY: **1-800-735-2929**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពង្សី ក៏អាចទទួលបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-866-880-0606** (TTY:**1-800-735-2929**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-866-880-0606** (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 **1-866-880-0606** (TTY:**1-800-735-2929**)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-866-880-0606** (TTY:**1-800-735-2929**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-866-880-0606** (TTY:**1-800-735-2929**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-866-880-0606** (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। **1-866-880-0606** (TTY:**1-800-735-2929**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nge Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-866-880-0606** (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 **1-866-880-0606** (TTY:**1-800-735-2929**). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-866-880-0606** (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。 **1-866-880-0606** (TTY:**1-800-735-2929**)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-866-880-0606** (TTY:**1-800-735-2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-866-880-0606** (TTY:**1-800-735-2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໂລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY: **1-800-735-2929**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ຕໍ່ເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY:**1-800-735-2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-866-880-0606** (TTY: **1-800-735-2929**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-866-880-0606** (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 **1-866-880-0606** (TTY: **1-800-735-2929**). Auxílios e serviços para pessoas com deficiência, como documentos em braille e letras grandes, também estão disponíveis. Ligue para **1-866-880-0606** (TTY: **1-800-735-2929**). Tais serviços são gratuitos.

ਰੰਦ / ਹੰਦ ਯ ਫ਼ (Punjabi)

ਫ਼ U q ਫ਼ \ : e ਸ਼ ਯ ਫ਼ jU r l / u ਚੰ ਚ ਫ਼ ਟ v o o o / y ਫ਼ ~ ਯ ਿ ^ ਯ ^ x ' **1-866-880-0606** (TTY: **1-800-735-2929**). Tr ਚੰ e y ^ ~ y W } ~ ਯ m ਚ T m ਸ਼ ਫ਼ ਚ ~ , ਫ਼ { ~ ਫ਼ t ਫ਼ T m ਸ਼ / h / dr ਯ W ਫ਼ ਟ o } m ਚ ਫ਼ , { / X r y t p ~ q | ^ ਯ ^ x ' **1-866-880-0606** (TTY:**1-800-735-2929**). V ~ } ਫ਼ ਚ ~ v ਯ m ~ q |

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-866-880-0606** (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 **1-866-880-0606** (линия **1-800-735-2929**). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-866-880-0606** (TTY: **1-800-735-2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-866-880-0606** (TTY:**1-800-735-2929**). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-866-880-0606** (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 **1-866-880-0606** (TTY:**1-800-735-2929**). Libre ang mga serbisyo ng ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข

1-866-880-0606 (TTY:1-800-735-2929) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ

สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่

กรุณาโทรศัพท์ไปที่หมายเลข **1-866-880-0606 (TTY:1-800-735-2929)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-866-880-0606**

(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 **1-866-880-0606 (TTY:1-800-**

735-2929). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-866-880-0606 (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 **1-866-880-0606 (TTY:1-800-**

735-2929). Các dịch vụ này đều miễn phí.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HPSM is committed to protecting your health information, which is any information about:

- Your past or present physical or mental health.
- Any payments for health services that can be identified with you as an individual.

Examples of health information include your name, date of birth, diagnoses, medical treatments, medical claims, race, ethnicity, language, gender identity and sexual orientation.

This notice summarizes HPSM's privacy practices and your rights as an HPSM member regarding your health information. It explains:

- How HPSM protects your health information in accordance with state and federal law.
- How HPSM can legally use and disclose your health information. ("Use" refers to how we share information within HPSM. "Disclose" refers to sharing information outside of HPSM.)
- How you can access your health information.

This notice *only* covers HPSM's privacy practices. Your provider may have different policies regarding their use and disclosure of your health information created in their office.

If you have questions about this notice, call HPSM Member Services at **1-800-750-4776**. Hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. Members with hearing or speech impairments can call the California Relay Service (CRS) at **1-800-735-2929** or **711**.

This notice is effective as of: October 1, 2024

HPSM's legal requirements regarding health information

We are required by law to:

- Maintain security and privacy of electronic and written information, including physical, technical, and administrative procedures to prevent unauthorized access to your protected health information.
- Make sure that health information that identifies you is kept private.
- Give you this privacy practices notice.
- Follow the terms of the notice that is currently in effect.

How we may use or disclose your health information

State and federal law allow HPSM to use and disclose our members' health information without written authorization. Below is a list of the types of health information and examples of uses and/or disclosures. It does not include every possible allowable use and disclosure. It is not intended to limit uses and disclosures that are permitted by law. However, every way we can use and disclose your health information will fall into one or another of these types.

- **Payment for health services.** We review your health information before approving payment for a treatment your provider has asked for to make sure that it is medically necessary.
- **Improving HPSM operations.** We may use members' health information to review our providers' performance and compare the quality of our services with that of other health plans.
- **Care management.** Sharing your health information with your providers allows us to review your treatments and medications to make sure they do not conflict with each other.
- **Resource referrals.** We may identify and recommend HPSM benefits, services and/or programs based on your health information.
- **Contractors who assist in our operations.** Contractors agree to keep health information confidential and secure, and to only use it to assist us. For example, we contract with a "Pharmacy Benefit Manager" and provide them with the information they need to pay our members' pharmacy claims.
- **Health insurance program sponsors.** Employers and other organizations contract with HPSM so that we can provide health care services and pay claims. They agree to keep health information confidential and secure, and to only use it to assist us. If you have a plan sponsor, we may notify them when you enroll in or disenroll from our plan. We may also disclose your health information so the sponsor can audit HPSM's performance.
- **Family members or individuals involved in your care or payment for your care.** We may release your health information to family members or others who pay for your health care. We

would do this if it is necessary to enable them to pay for your care or make decisions about your care. We only disclose your health information if you are present and agree to it, except when:

- Your medical condition prevents you from making decisions and we believe that disclosing your information would be in your best interest.
- After your death (unless you tell us beforehand not to share your information).
- **Schools.** A school may be legally required to have proof of immunization for a student enrolling or enrolled in the school. In those cases, we may provide the school with that student's immunization record.

Special Situations

We disclose health information about you:

- **When required by federal, state or local law.**
- **To avoid a serious threat to your health and safety or the health and safety of others.** We would only disclose the information to someone who can help prevent the threat.
- **If you are a member of the armed forces or a veteran** as required by military authorities or to assist in determining your eligibility for veteran's benefits.
- **If you are in custody of a correctional institution** as part of coordinating your care.
- **To programs that provide workers compensation** and other benefits for work-related injuries or illness.
- **For public health activities**, such as:
 - Preventing or controlling disease, injury or disability.
 - Reporting child abuse or neglect.
 - Reporting births or deaths.
 - Reporting reactions to medications or problems with products.
 - Notifying you of recalls of products you may be using.
 - Notifying you if you may have been exposed to a disease or may be at risk for contracting or spreading a disease.
 - Notifying the appropriate government authority if we believe you are the victim of abuse, neglect or domestic violence. We will only disclose this if you agree or when authorized by law.
- **To health oversight agencies** for activities authorized by law. For example, we may disclose your health information to the public agency responsible for overseeing HPSM's operations. These activities are necessary to enable the government to monitor the health care system and government health benefit programs.
- **For lawsuits and disputes** if ordered by a court, tribunal, subpoena or other lawful process. We only do this after unsuccessful efforts to notify you of the request or obtain an order protecting the information requested.

- **To law enforcement officials** in limited circumstances (i.e., if the official requests it or to report criminal conduct). Generally, this would have to be in connection with a criminal investigation, court order, warrant or legally authorized national security activity.
- **To assist in a military mission** or other governmental activity related to intelligence, national security or protecting the President.
- **To coroners, medical examiners and funeral directors** so they can perform their duties after members are deceased.
- **To organ transplant organizations** working on organ or tissue transplantation for the purposes of facilitating a transplant.
- **50 years after death.** We may disclose the health information of members who are deceased to any agency after the member has been deceased for at least 50 years.
- **To disaster relief organizations.** If you do not want us to disclose your information for disaster relief, you have the right to prevent such sharing.

The previous examples are all subject to the prohibitions and conditions we explain below related to reproductive health care.

Legal limitations

We comply with laws that may limit or prevent the disclosures listed above. For example:

- There are special limits on disclosing health information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment.
 - We will not use or disclose the records we receive subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless we have your written consent or a court order, after notice and an opportunity to be heard in court is provided to you. Any court order we receive for a use or disclosure of these records must be accompanied by a subpoena or other legal obligation before we may use or disclose the record.
- Information about race, ethnicity, language, gender identity and sexual orientation cannot be used in underwriting, rate setting, denial of services, coverage and benefit determinations.
- We cannot sell your information.

Authorization

Other than the situations described above, we do not allow use and disclosure of your health information without your written permission or authorization. For example, we may use and share health information about you for research purposes only if we have your authorization. Your decision to grant us an authorization will not affect your medical treatment, health plan benefits, payment for treatment or enrollment eligibility. You have the right to revoke your authorization even after you have signed an authorization for use or release of your health information. In that case, we would no longer use or disclose your health information for that purpose. However, we cannot reverse any disclosures we made during the time we had your permission to do so.

- **Uses and disclosures related to reproductive health care.** Unless we have received an authorization from you, we are prohibited from disclosing your health information when the request is made by someone other than you or your personal representative for either of the following activities (“Prohibited Purposes”):
 - To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.
 - The identification of any person for the purpose of conducting such investigation or imposing such liability.

For example, we may receive a subpoena requesting a member’s records, and the subpoena was issued in a case seeking to prosecute a provider for prescribing a medication that could terminate a pregnancy or impact fertility, or to prosecute a member for taking such medication. In that situation, if the prescription or ingestion of that medication was lawful under the circumstances, we are prohibited from providing any PHI in response to the request.

If we receive a request for records from someone other than you or your personal representative, and the requested records contain PHI that potentially relates to reproductive health care, we are required to obtain an attestation from the requestor if the request is for any of the following purposes:

- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Disclosures to coroners and medical examiners

The attestation must include specific information about the request, a statement that the request is not for any of the Prohibited Purposes, a statement that an individual signing an attestation known to be false is subject to criminal penalties under federal law, and it must be signed by the requestor. We are prohibited from responding to requests that require an attestation if the attestation does not meet all legal requirements.

For example, we may receive a subpoena requesting a member’s records from state law enforcement officials related to the criminal prosecution of an individual accused of submitting false claims to insurance companies, unrelated to reproductive health care. While the purpose of the investigation is not a Prohibited Purpose, the records requested contain PHI potentially related to reproductive health care, such as claims paid for pregnancy-related conditions. In that situation, we will require the law enforcement official to provide a valid, signed attestation before we will respond to the request.

Even where we receive a valid attestation, we will still ensure that the request satisfies all requirements under federal law before we disclose any PHI.

Note that there is a potential that information disclosed to third parties may no longer be protected by HIPAA, and those third parties could re-disclose your information.

Your rights regarding your health information

You have the right to:

- **Get a paper copy of this privacy notice.** You can also get this notice on our website at www.hpsm.org/privacy-policy.
- **Assign someone to represent you.** You can give someone medical power of attorney, which allows that person to act on your behalf and make choices about your health information. This right also applies if you have a legal guardian. We will take reasonable steps to confirm that anyone who claims to represent you has this authority before we take any action.
- **Request restrictions or limits on the use or disclosure of your health information.** In your request, you must tell us:
 - What health information you want to limit.
 - Whether you want to limit our use of information, disclosure of information, or both.
 - To whom you want the limits to apply.
- **Control information about sensitive services you receive.** Sensitive services include mental health counseling, reproductive health services, sexually transmitted disease services, sexual assault services and drug treatment. Those who are of the age and capacity to consent to these services are not required to get anyone's authorization to get them or submit a claim on their behalf.
- **Request confidential communications.** You have the right to request that we contact you about medical matters (including sensitive services) privately and with special handling. We will then not give your specified information to anyone without your written permission.
 - You can ask us to send communications about medical matters or sensitive services to another mailing address, email address or telephone number that you choose. If you do not provide another contact method, we will send communications to you at the address or telephone number we have on file.
 - We will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for.
 - Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.
 - We will not ask you for the reason for your request. While we will make every effort to accommodate reasonable requests, *we are not required to agree to requests*. If we do agree, we will comply unless the information is needed to provide you with emergency treatment.

To request confidential communications or special handling in the way you are contacted, you must mail a written request to HPSM's Privacy Officer.

- **An accounting of disclosures.** You have the right to request a list of disclosures that we made of your health information. The list does not include some disclosures, such as those made for your treatment, payment for your care, and our operations. It also does not include most other disclosures that we are required or permitted to make without your authorization (such as governmental agencies that review our programs or disclosures you authorize us to make). To request an accounting of disclosures, mail a written request to HPSM's Privacy Officer. Your request must only include dates within the last six years of the date of your request. .
- **Access your health information.**
- Subject to certain exceptions, you have the right to view or get a copy of your PHI that we maintain in records relating to your care or decisions about your care or payment for your care. To request a copy summary, or explanation of this health information, mail a written request to HPSM's Privacy Officer. We may charge a reasonable, cost-based fee
- **Receive notice of a breach.** A breach is when protected health information is obtained, used or revealed in a way that violates relevant privacy laws. We are required to send you a notice that explains:
 - What happened.
 - The types of information involved in the breach.
 - Steps you should take to protect your information.
 - What HPSM is doing to investigate the situation, minimize harm to you and prevent future breaches.
- **Amend incorrect or incomplete health and claims records.** You have the right to request an amendment for as long as we maintain the information. A written comment will then be added to your health information at HPSM. To request an amendment, mail a written request to HPSM's Privacy Officer specifying the inaccurate or incorrect health information and reason or evidence that supports your request.
 - If we deny your request to amend your health information, we will tell you why and explain your right to file a written statement of disagreement.. You must clearly tell us in writing if you want us to include your statement in future disclosures we make of that part of your record. We may include a summary instead of your statement.

**Mail written requests to HPSM's
Privacy Officer at:**

Health Plan of San Mateo
Attn: Privacy Officer
801 Gateway Boulevard, Suite 100
South San Francisco, California 94080

To learn more about your privacy rights, visit the California Department of Health Services website at www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx.

You will be notified of changes to this notice

We reserve the right to change this notice then make it effective for all health information we already have about you as well as any we receive in the future. We will notify you of changes to this notice by mail within 60 days of the changes. We will also post a copy of the most current notice on our website at www.hpsm.org/privacy-policy.

How to file a grievance regarding your privacy rights

If you believe your privacy rights have been violated, you may file a grievance with HPSM. You will not be penalized for filing a grievance. You may also contact the U.S. Department of Health and Human Services to file a complaint.

Health Plan of San Mateo Attn: Grievance and Appeals Unit 801 Gateway Blvd., Suite 100 South San Francisco, CA 94080 1-888-576-7557 or 650-616-2850	Secretary of the U.S. Department of Health and Human Services Office of Civil Rights Attn: Regional Manager 90 7 th St., Suite 4-100 San Francisco, CA 94103 1-800-368-1019 or (TTY) 1-800-537-7697	California Department of Health Care Services Attn: Privacy Officer c/o Office of Legal Services 1501 Capitol Avenue P.O. Box 997413, MS0010 Sacramento, CA 95899-7413 1-916-445-4646 or 1-866-866-0602
---	---	---

This page intentionally left blank.

Esta página ha sido dejada en blanco intencionalmente.

此頁有意留為空白。

Ang pahinang ito ay sadyang iniwan na blangko.

Эта страница намеренно оставлена пустой.

RISKS OF LONG-TERM OPIOID USE AND TIPS TO REDUCE THOSE RISKS

Opioids are a class of medications that can be prescribed to treat pain. The longer opioids are used, the higher the risks can get. If you take or plan to take opioids for more than three months, it is important to know the possible risks. We want to make sure you have the information to keep yourself safe.

RISKS OF LONG-TERM OPIOID USE*

MISUSE AND ADDICTION As many as one in four people who take opioids long-term struggle with misuse or addiction. Over time, the drug may not lower your pain, which may make you think you need a higher dose.

MORE PAIN If opioids are taken daily, they may worsen pain or cause pain in other parts of your body that did not have pain before. There is not enough data to prove that long-term opioid use reduces pain.

HEALTH DIFFICULTIES like:

- Abdominal pain
- Constipation
- Heart problems
- Breathing problems
- Depression
- Hormone changes
- Confusion
- Falls and Fractures
- Overdose or death

Opioid drugs include:

- Hydrocodone
- Oxycodone
- Morphine
- Tramadol
- Methadone
- Fentanyl
- Codeine

REDUCE THE RISKS THAT COME WITH LONG-TERM OPIOID USE

Talk to your provider about:

- Increased risk of overdose while taking opioids with other drugs (like benzodiazepines used to treat insomnia or anxiety).
- How cutting back or stopping the use of opioids can be a healthy choice for you.
- Other types of pain management that may work better and be safer than opioids, like:

NON-DRUG INTERVENTIONS:

- ▲ Physical therapy
- ▲ Exercise
- ▲ Quitting tobacco
- ▲ Talk therapy
- ▲ Acupuncture

NON-OPIOID DRUGS:

- ▲ Acetaminophen
- ▲ Non-steroidal anti-inflammatory drugs or NSAIDs (like ibuprofen, naproxen or diclofenac)
- ▲ Anticonvulsants (like gabapentin or pregabalin)
- ▲ Antidepressants (like amitriptyline or duloxetine)
- ▲ Topical products (like lidocaine patches)

Visit www.hpsm.org/pain-management to learn more about managing chronic pain.

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 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 for details about the ride benefit and how to use it.



Healthy is for everyone

801 GATEWAY BOULEVARD SUITE 100
SOUTH SAN FRANCISCO CA 94080

PRSRT STD
U.S. POSTAGE
PAID
HPSM

IMPORTANT CAREADVANTAGE DUAL SPECIAL NEEDS PLAN (D-SNP) INFORMATION.

CareAdvantage Dual Special Needs Plan (D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in CareAdvantage depends on contract renewal.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-866-880-0606**, TTY **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free.

You can get this document for free in other formats, such as large print, braille, or audio. Call the CareAdvantage Unit at **1-866-880-0606**, TTY: **1-800-735-2929** or dial **7-1-1**, Monday through Sunday, 8:00 a.m. to 8:00 p.m. The call is free.