

Live and Work Well

2024 Optum Health Behavioral Solutions of California (OHBS-CA) Enrollee Newsletter

Optum

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The information and therapeutic approaches in this newsletter are provided for informational or educational purposes only. They are not meant to be used in place of professional clinical consultations for individual health needs. Certain treatments may not be covered in some benefit plans. Please check your benefits.



Mental health professionals and treatment options

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When it comes to behavioral health issues, you're not alone. There are numerous professionals who can help you overcome and adjust to life's challenges.

These might be:

- Your primary care physician or nurse practitioner
- A counselor therapist, psychologist or psychiatrist

These professionals are skilled in a variety of behavioral health interventions that cover a broad spectrum, including:

- Meditation and mindfulness practices
- Psychotherapy, group therapy or support groups
- Medication may also be an option

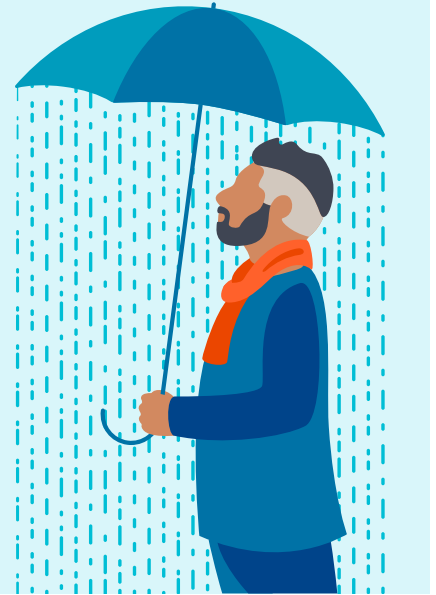


Your support to stress less

Live and Work Well helps you discover new tools, resources and guides to teach you about mindfulness – so you can stress less, sleep better and reduce physical pain. Visit liveandworkwell.com to get started.

Understanding depression

It's not unusual to feel down in the dumps once in a while – many times, those feelings pass within a couple days. But if feelings of sadness last longer than 2 weeks, you may be suffering from depression. In this case, it's important you talk with your doctor. The good news is that depression can be successfully treated.



What's depression?

Depression is a common, but serious condition that affects how you think and feel. It can also be associated with physical symptoms. About one in 15 people every year suffer from it – that's about 16 million people in all. Depression can range from mild to severe, and symptoms can vary by each person.



What causes it?

Depression can happen without a direct cause, but the following factors may contribute to the risk of developing it:

- **Medical conditions.** Managing a condition and dealing with changes in your lifestyle habits, activity level or independence can cause feelings of sadness and depression.
- **Trauma.** Experiencing trauma can affect how one reacts to stressors, which may cause depression.
- **Drug and alcohol abuse.** About 30% of people who have issues with addiction also suffer from depression.
- **Chemical imbalances.** Certain chemicals in a person's brain may influence their risk of depression.
- **Family history.** If someone in your family has had depression, you may be more susceptible to it.



What are the signs?

If you're depressed, you may not want to be with people and may even start to isolate yourself. This kind of withdrawal can cause pain and may affect those around you.

Here are a few other common symptoms of depression:

- Becoming easily fatigued or restless
- Experiencing thoughts of death or suicide*
- Loss of interest in things you used to enjoy
- Feeling sad, hopeless, pessimistic, guilty or helpless
- Having difficulty concentrating or making a decision
- Significant changes in sleeping patterns or appetite

Depression can be different from person to person. If your symptoms are severe or have lasted longer than two weeks, it's time to speak with your doctor.



Reach out for help

Your first step should be to talk with your doctor. Your doctor will perform a full evaluation with a history and physical examination. As some medications or medical conditions can cause symptoms similar to depression, your doctor may also order lab tests to help rule out other conditions. Based on the results of your examination and any other tests your doctor may have ordered, your doctor may recommend psychotherapy, medications or other types of treatments.



Stay connected and be patient

In addition to any recommended treatments, try to be active and get some exercise as recommended by your doctor. Be around other people. Talk to those you trust and ask for support, too. But don't expect your energy and positive outlook to necessarily pop back into place right away. That should return over time, as you get the help you need. Also, if your doctor prescribed medication for depression, keep in mind it may take weeks to work, and sometimes different medications need to be prescribed. If you're concerned your medication is not helping, talk to your doctor.

*If you have thoughts of hurting yourself or others, call your health care professional, 911 or a suicide hotline, such as 988, the Suicide and Crisis Lifeline. Or have someone drive you to your nearest emergency department.

How to appeal a decision

You can appeal if you aren't happy with a decision we make about your care or benefits. The notice that you get about our decision tells you how to appeal. You can also call us to learn how to file an appeal.

You may also have the right to an independent medical review (IMR) by the Department of Managed Health Care (DMHC). This right is for certain final decisions made by the plan. If your IMR request is eligible, it will be reviewed by the DMHC. We'll do what the DMHC decides and carry out its instructions.

If you aren't sure if your appeal can go to IMR, or if you have questions about appeals, please call the toll-free mental health services number on your member insurance card or in your benefits booklet.

How we make decisions about benefit coverage

All our staff follow strict rules when they decide about approval of benefits. Decisions are based on what your benefits cover and your medical need. We don't reward staff or health care providers for saying "no" to care or service. We don't give financial rewards to our staff or health care providers to make decisions that result in less care or service than what's needed.



Privacy and confidentiality

We protect your privacy to the extent required by law. You can get a paper copy of our rules on how we collect, use and share your health information. Call the mental health services number on your member insurance card or in your benefits booklet.



Optum Health Behavioral Solutions of California's Complex Case Management program

We offer a Complex Case Management program that helps people with complex behavioral health conditions connect with needed services and resources.

Behavioral Health Advocates work intensely with you or your loved one in the development of a comprehensive plan of care which coordinates the following:

- Therapeutic services (therapy, medication management, case management, etc.)
- Community and Psychosocial supports (education/support regarding illness, coordination with support system, other supportive services)
- Coordination of care between medical and behavioral physicians and clinicians
- Recovery and Resiliency Services (peer support, development of a crisis/recovery plan, life planning activities)
- Other services as appropriate (legal, shelter, basic needs, etc.)

Program goals:

- Movement to recovery
- Enhanced wellness
- Building resiliency through self-care and empowerment

Criteria for acceptance into the program include:

- Presence of complex behavioral health condition(s) which require a greater level and intensity of services
- History of intensive behavioral health service utilization over the past 12 months
- Willingness to actively participate in the program for at least 90 days

If you believe that you or a loved one meet these criteria and would benefit from OHBS-CA's Complex Case Management program, please contact OHBS-CA via the toll-free number on the back of the member's insurance card to ask for this program. OHBS-CA looks forward to partnering with you or your loved one on the path to recovery and wellness.

Get an early start on mental health

We offer prevention programs for 3 common problems:

- Depression
- Alcohol and substance use and addiction
- Attention-deficit/hyperactivity disorder

Each program has:

- Information about the problem such as common signs and symptoms
- A screening you can take on your own
- Self-help guides and tools

You can learn how to use the program on our website. You may also receive information by mail. If you receive one of our mailings, we hope you find it useful. If you don't want to receive any more information by mail, call the telephone number listed in the mailing.

To find out more:

- Visit prevention.liveandworkwell.com.
- Ask your mental health professional to get information for you on providerexpress.com.
- Call the toll-free mental health services number on your member insurance card. You can also call us to request a paper copy of the information.





We invite you to join our committee

The Optum Health Behavioral Solutions of California Public Policy Committee

If you're a current member of the health plan, you can join our Public Policy Committee.

- Current members have the opportunity to share their comments and opinions about Optum Health Behavioral Solutions of California as part of this committee.
- As required by CA law, the committee meets every three months.
- The committee talks about what your mental health plan does.
- You'll have the opportunity to meet and discuss with mental health specialists from Optum Health Behavioral Solutions of California's network.

- Committee members are encouraged to submit their ideas and suggestions about the services offered to you and all members under the health plan.

You will be paid a stipend of \$200 per meeting for your participation and commitment in this committee.

We highly encourage all current members to join. We look forward to seeing you at the next Public Policy Committee meeting.

To join our committee or for more information, please contact:

Carla Middlebrooks

Phone: 1-818-484-9185

carla.arrington@optum.com



Your member rights and responsibilities

You have the right to:

- Receive information about Optum Health Behavioral Solutions of California (OHBS-CA) and our network
- Be treated with dignity and respect
- Privacy – your information is confidential to the fullest extent permitted by law
- Reasonable access to care regardless of race, religion, gender, sexual orientation, ethnicity, age or disability
- Be part of decisions about your treatment plan
- Discuss treatment options regardless of cost or benefit coverage
- Include your family in designing a personalized treatment plan for you
- Be told of your rights in a language you understand
- Voice complaints or appeals about OHBS-CA or the services OHBS-CA provides
- Make recommendations to us about our rights and responsibilities policy

You have the responsibility to:

- Give information, to the extent possible, to your clinician and managed care company, to help them provide care
- Follow the treatment plan you agreed to
- Take your medication as prescribed
- Talk about your concerns
- Be part of making your goals

You can call the toll-free mental health services number on your member insurance card or in your benefit booklet to ask for a paper copy of your rights and responsibilities. You can also ask your clinician to get you a copy from providerexpress.com.

Timely access to care

How long should you wait when you want to see a mental health or alcohol/substance use provider?



Type of visit

Wait time

Type of visit	Wait time
Emergency with no life at risk	Less than 6 hours
Urgent	Within 48 hours
Routine	Up to 10 business days
Phone access	Within 10 minutes during business hours Within 30 minutes after business hours

There are rules for appointment wait times if you live in California. They are listed in the table above. If your mental health professional agrees, you may be able to wait longer. In the future, we may ask you if you have been pleased with how long you have had to wait for a visit.

We offer mental health professionals and hospitals in your area. We also offer counselors and programs to help with alcohol and other substance use problems. When you call for help, your wait for a visit should match the wait times in the above table. Optum Health Behavioral Solutions of California expects all network providers to return calls to members within 24 hours. If you're unhappy about how long you have to wait, you can file a complaint by calling the toll-free mental health services number on your member insurance card.

We list mental health professionals on our website. Visit liveandworkwell.com and log in. Click "Find a Resource" in the task bar and select "Providers" from the drop down menu, enter in your location and hit "search". The directory offers names, phone numbers and addresses of in-network mental health professionals. You can also see what types of help are offered.

Interpreter services are available to members at the time of the appointment as requested by the member or provider. To request interpreter services, contact us at 1-800-999-9585. Language interpretation services are available at no cost to the member.

If you can't get to our website, or need help scheduling a visit, please contact Optum Health Behavioral Solutions of California by calling the toll-free mental health services number on your member insurance card.

How teamwork can help you

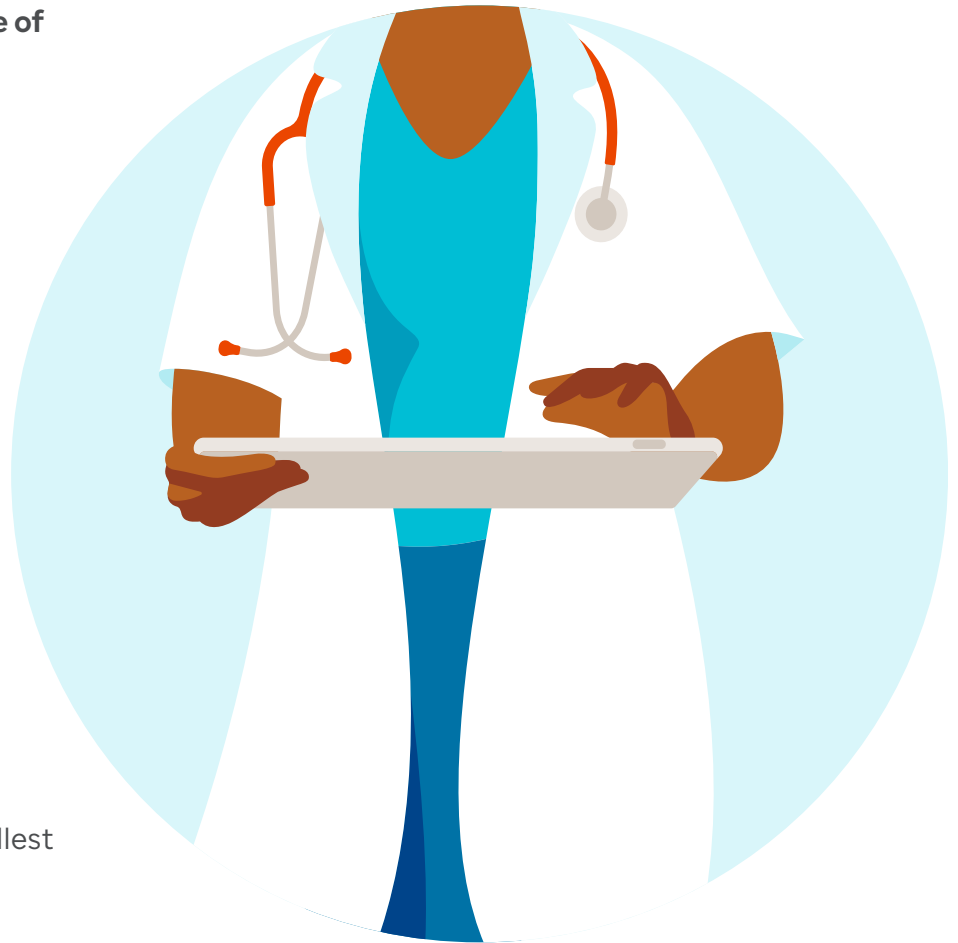
When you allow your mental health professional and primary care physician (PCP) to talk to each other and give you advice, they may be able to help you with your treatment. One way to make this possible is to sign a Confidential Exchange of Information Form, then ask your mental health professional to call your PCP and other health care providers. You can also make a list of the names of all of your health care providers. Share this list with each person and ask them to work together.

Why use the Confidential Exchange of Information Form?

Use this form to give permission for your behavioral health provider to contact your medical doctor. Your doctors need to know about other medicines that you are taking.

Find the form online

- Go to liveandworkwell.com and use the search bar to find “Confidential Exchange of Information Form.” On the task bar, you can click on “Find a Resource” then select “Forms” from the drop down menu.
- Your clinician can also get a copy at providerexpress.com. The information your health care providers share is private to the fullest extent permitted by law.





2 ways to connect



Call the toll-free number on your member insurance card to learn about your benefits or get approval for care.

Our offices are open Monday through Friday.
Our hours are from 7 a.m. to 5 p.m., except on holidays.



Go to liveandworkwell.com

If you have an emergency or urgent health concern, seek immediate attention, or call 911. You can always contact one of our Care Advocates 24 hours a day, 7 days a week. You can even speak to a Care Advocate on weekends and holidays. To call us, use the toll-free number on your health insurance card or health plan member ID card or in your benefits booklet or Evidence of Coverage.

Post-crisis planning at home

Hospitals are used most often for crisis management, so you'll be out of a crisis when you return home but you won't be "cured." These are chronic illnesses that need ongoing treatment. So don't put pressure on yourself by thinking and saying things like "everything is all better now."

Identifying and responding to symptoms early reduces the chances that you'll find yourself in crisis. It's important to confront the possibility of crisis, because in spite of your best planning and assertive action on your own behalf, you could find yourself in a situation where others will need to take over responsibility for your care. This is a difficult situation – one that no one likes to face. In a crisis, you may feel as if you are totally out of control.

Creating a crisis plan

Writing a clear crisis plan when you're well to instruct others about how to care for you when you're not well helps you maintain responsibility for your own care. It'll keep your family members and friends from wasting time trying to figure out what to do for you. It relieves the guilt that may be felt by family members and other caregivers who may have wondered whether they were taking the right action. It also insures that your needs will be met and that you'll get better as quickly as possible.

You need to develop your crisis plan when you're feeling well. However, you can't do it quickly. Decisions like this take time, thought, and often collaboration with health care providers, family members and other supporters.

The crisis plan differs from the other action plans as it'll be used by others. However, when writing a crisis plan, you need to make it clear, easy to understand and legible. While you may have developed other plans rather quickly, this plan is likely to take more time. Don't rush the process. Work at it for a while, then leave it for several days and keep coming back to it until you have developed a plan you feel has the best chance of working for you. Once you have completed your crisis plan, give copies of it to the people you name in this plan as your supporters.



How to contact us

Our offices are open Monday through Friday from 7 a.m. to 5 p.m., except on holidays. You can call the toll-free number on your member insurance card to learn about your benefits or get approval for care. Optum Health Behavioral Solutions of California offers language assistance at no added cost for members who prefer to speak a language other than English. Our offices use a national relay service, “711”, for members with hearing impairments. You can also get help with services or ask questions. A Care Advocate can answer your questions about services and our decisions. Our staff will tell you their name, title and where they work.

If you have an emergency or urgent health concern, seek immediate attention or call 911. You can always contact one of our Care Advocates 24 hours a day, 7 days a week. You can even speak to a Care Advocate on weekends and holidays. To call us, use the toll-free number on your member insurance card or in your benefit booklet.

How to file a complaint

If you are dissatisfied with any aspect of Optum Health Behavioral Solutions of California or a provider, including problems about your care, you have the right to file a complaint. A complaint may also be called a grievance.

You may file your complaint by telephone, in writing or online. We will investigate your complaint and send you a letter about the outcome. If you need assistance, you may ask an Optum Health Behavioral Solutions of California Complaints Specialist for help. You may also ask someone that you know to help you file the complaint.

If you have questions or want to file a complaint, please call us at the number on your member insurance card or in your benefits booklet. You may also file your complaint online at liveandworkwell.com.



Quality at the core

We review our quality improvement (QI) program each year. We set service and care goals, and give you a summary of our progress. You can get a summary of our QI program description. Call us to get a paper copy. Use the mental health services phone number on your member card or in your benefits booklet or Evidence of Coverage.

Law protects consumers from surprise medical bills

A law created by Assembly Bill (AB) 7210 (Bonta, Chapter 492, Statutes of 2016) protects consumers from surprise medical bills when they go to in-network facilities such as hospitals, labs or imaging centers. This consumer protection started on July 1, 2017, and makes sure consumers only have to pay their in-network cost sharing. Providers cannot send consumers out-of-network bills when the consumer did everything right and went to an in-network facility.



Consumer quick facts:

No surprise medical bills: Health care consumers are not put in the middle of billing disputes between health plans and out-of-network providers. Consumers can only be billed for their in-network cost-sharing, when they use an in-network facility.

Prevents collections: Protects consumers from having their credit hurt, wages garnished or liens placed on their primary residence.

Helps control health care costs: Health plan payments for out-of-network services are not based on sticker price.



Frequently asked questions

What is a surprise bill, and why would I get one?

Here are some examples of when consumers have gotten surprise bills:

- A consumer had a surgery at a hospital or outpatient surgery center in their health plan network, but the anesthesiologist wasn't in their health plan network. Even though the consumer didn't have a choice in who their anesthesiologist was, that provider sends a bill to the consumer after the surgery. This is a surprise bill.
- A consumer goes to a lab or imaging center in their health plan network for tests and the doctor who reads the results isn't in their health plan network. That doctor then bills the consumer for their services, creating a surprise bill for the consumer.

Under AB 72, consumers should no longer receive these surprise bills. This means when you go to a health care facility like a hospital or a lab in your health plan network and end up with a doctor who isn't in your health plan network, they can't charge you more than you would have to pay for an in-network doctor.

What should I pay?

Consumers who go to an in-network facility only have to pay for in-network cost-sharing (co-pays, co-insurance or deductibles). Consumers should contact their health plan if they have questions about their in-network cost-sharing.

What is a health plan network?

A health plan network is the group of doctors, hospitals and other health care providers a health plan contracts with to provide health care services to its members. These providers are called “network providers,” “contracted providers” or “in-network providers.” A provider who does not contract with your health plan is called an “out-of-network provider” or “non-contracted providers.”

Examples of health care facilities that are in a health plan network include hospitals, ambulatory surgery centers or other outpatient settings, laboratories, and radiology or imaging centers.

What if I received a surprise bill? And what if I already paid?

If you received a surprise bill and already paid more than your in-network cost share (co-pay, co-insurance or deductible) file a grievance/complaint with your health plan with a copy of the bill. Your health plan will review your grievance and should tell the provider to stop billing you. If you don't agree with your health plan's response or they take more than 30 days to fix the problem, you can file a complaint with the Department of Managed Health Care, the state regulator of health plans. You can file a complaint by visiting dmhc.ca.gov or calling 1-888-466-2219.

Does the law apply to everyone?

The law applies to people in health plans regulated by the Department of Managed Health Care or the California Department of Insurance. It doesn't apply to Medi-Cal plans, Medicare plans or “self-insured plans.” If you don't know what kind of plan you are in, you can call the Help Center at 1-888-466-2219 for help.

What if I want to see a doctor who I know is out-of-network?

If you're in a health plan with an out-of-network benefit, such as a PPO, you can choose to go to an out-of-network provider. You have to give your permission by signing a form in writing at least 24 hours before you receive care. The form should inform you that you can receive care from an in-network provider if you so choose. The form should be in your language if you speak English, Spanish, Vietnamese, Cantonese, Armenian, Russian, Mandarin, Tagalog, Korean, Arabic, Hmong, Farsi or Cambodian.

AB 72 protects consumers receiving non-emergency services at in-network facilities from being balance billed by an out-of-network provider. California law already protects most consumers from balance billing for emergency services.

Greater access to mental health and substance use services

OptumHealth Behavioral Solutions of California (Optum) follows the latest California laws that make the California Parity Act stronger. The Act says all CA health plans and insurers must cover the diagnosis and treatment of certain mental health conditions. This is the same as for other medical conditions. The goal is to make sure members have fair access and overall support for behavioral health services.

The California Department of Managed Health Care (DMHC) recently published new changes to the Act that took effect April 1, 2024.

Below is a brief summary of those changes that are now part of your benefits with Optum:

Network Gap Coverage

If you need mental health or substance use disorder services and a network provider is not available in your area or at a time that works for you, Optum will help you access services from an outside provider. Your coverage will be the same as services from a network provider.

Extra Services

You will also be covered for the following services that may be needed to prevent, find, and treat mental health and substance use disorder:

- Assertive community treatment
- Intensive case management
- Intensive home-based treatment

Case Review

DMHC has said what Optum must do in clinical and use reviews:

- When a member can get a certain level of care but medical services or treatment are not available, Optum must approve the next-higher level of care.
- Optum will use Nonprofit Professional Association clinical criteria when it looks at medical needs or uses, and when making decisions about coverage.

[California Department of Managed Health Care](#)

Member insurance card for mental health services

By California law, health plans and insurers must issue an identification (ID) card to each member. The information on the ID card must tell the member how to access mental health benefits. The ID card is issued to members upon enrollment or whenever there's a change in the member's coverage.

Optum Health Behavioral Solutions of California provides mental health services to members of certain medical health plans. It is the responsibility of the member's medical health plan to issue the cards. The information on the ID card includes:

1. The name of the medical health plan
2. The member's ID number
3. A toll-free telephone number where members or providers may call for assistance with mental health services
4. The health plan's internet website address



Have you moved?

To make sure you continue to receive mail from Optum Health Behavioral Solutions of California, tell your employer that you have moved. Your employer will send Optum Health Behavioral Solutions of California your new mailing address.

California Language Assistance Program

Optum Health Behavioral Solutions of California serves members from many cultures. These members may speak a language other than English. We want to be sure that a language barrier doesn't prevent people from getting the care that they need.

For members who speak and read a language other than English, Optum Health Behavioral Solutions of California offers language assistance at no cost to the member. Optum Health Behavioral Solutions of California has interpreters to assist members. Interpreter services are available to members at the time

of the appointment with your behavioral health provider.

We can also translate certain documents in writing. If your preferred language is not English, call us at 1-844-701-5148 or send an email to clinical_ops_lap@uhc.com to tell us your preferred language. If you have already given us this information, you don't need to contact us again.

For language assistance, call the mental health services phone number on your member insurance card.



optum.com

Optum does not recommend or endorse any treatment or medications, specific or otherwise. The information provided is for educational purposes only and is not meant to provide medical advice or otherwise replace professional advice. Consult with your clinician, physician or mental health care provider for specific health care needs, treatment or medications. Certain treatments may not be included in your insurance benefits. Check your health plan regarding your coverage of services. If you are experiencing thoughts of suicide or if this is urgent and an emergency, call 911 or the 988 Suicide & Crisis Lifeline at 988.

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English

IMPORTANT LANGUAGE INFORMATION:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: U.S. Behavioral Health Plan, California 1-800-999-9585/TTY: 711. If you need more help, call DMHC Help Line at 1-888-466-2219.

Spanish

INFORMACIÓN IMPORTANTE SOBRE IDIOMAS:

Es probable que usted disponga de los derechos y servicios a continuación. Puede pedir un intérprete o servicios de traducción sin cargo. Es posible que tenga disponible documentación impresa en algunos idiomas sin cargo. Para recibir ayuda en su idioma, llame a su plan de salud de U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711. Si necesita más ayuda, llame a la línea de ayuda de la DMHC al 1-888-466-2219.

Chinese

重要語言資訊：

您可能享有資格享有下列權利並取得下列服務。您可以免費獲取口譯員或翻譯服務。部分語言亦備有免費書面資訊。如需取得您語言的協助，請撥打下列電話與您的健保計畫聯絡：U.S. Behavioral Health Plan, California 1-800-999-9585 / 聽力語言殘障服務專線 (TTY)：711。若您需要更多協助，請撥打 DMHC 協助專線 1-888-466-2219。

Arabic

معلومات مهمة عن اللغة:

ربما تكون مؤهلاً للحصول على الحقوق والخدمات أدناه. فيمكنك الحصول على مترجم فوري أو خدمات الترجمة بدون رسوم. وربما تتوفر أيضًا المعلومات المكتوبة بعدة لغات بدون رسوم. وللحصول على مساعدة بلغتك، يُرجى الاتصال بخطتك الصحية على: U.S. Behavioral Health Plan, California على الرقم 1-800-999-9585 / TTY: 711. وإذا احتجت لمزيد من المساعدة، يمكنك الاتصال بخط المساعدة التابع لـ DMHC على الرقم 1-888-466-2219.

Armenian

ԿԱՐՇՎՈՐ ԼԵԶՎԱԿԱՆ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ

Հավանական է, որ Ձեզ հասանելի լինեն հետևյալ իրավունքներն ու ծառայությունները: Կարող եք ստանալ բանավոր թարգմանիչ կամ թարգմանության անվճար ծառայություններ: Հնարավոր է, որ մի շարք լեզուներով նաև առկա լինի անվճար գրավոր տեղեկություն: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել Ձեր առողջապահական ծրագիր՝ U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY՝ 711 համարով: Հավելյալ օգնության կարիքի դեպքում, զանգահարեք DMHC-ի Օգնության հեռախոսագիծ 1-888-466-2219 համարով:

Cambodian

ព័ត៌មានសំខាន់អំពីភាសា៖

អ្នកអាចនឹងមានសិទ្ធិ ចំពោះសិទ្ធិ និងសេវានៅខាងក្រោម។ អ្នកអាចទទួលបានអ្នកបកប្រែ ឬសេវាការបកប្រែ ឥតគិតថ្លៃ។ ព័ត៌មានដែលបានសរសេរ ក៏អាចនឹងមានជាភាសាមួយចំនួន ឥតគិតថ្លៃដែរ។ ដើម្បីទទួលបានជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅតំរាងសុខភាពរបស់អ្នកនៅ៖ U.S. Behavioral Health Plan, California 1-800-999-9585 (TTY: 711)។ បើសិនអ្នកត្រូវការជំនួយថែមទៀត ហៅខ្សែទូរស័ព្ទជំនួយ DMHC លេខ 1-888-466-2219។

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است برای حقوق و خدمات زیر واجد شرایط باشید. می توانید خدمات مترجم شفاهی یا ترجمه را بدون پرداخت هزینه دریافت کنید. اطلاعات کتبی ممکن است بدون پرداخت هزینه به برخی زبان ها موجود باشند. برای دریافت کمک و راهنمایی به زبان خودتان، لطفاً با برنامه درمانی: U.S. Behavioral Health Plan, California به شماره 1-800-999-9585/TTY: 711 تماس بگیرید. اگر به کمک و راهنمایی بیشتری نیاز دارید، با خط دریافت کمک و راهنمایی DMHC به شماره 1-888-466-2219 تماس بگیرید.

Hindi

भाषा-संबंधी महत्वपूर्ण जानकारी:

आप निम्नलिखित अधिकारों और सेवाओं के हकदार हो सकते हैं। आपको मुफ्त में दुभाषिया या अनुवाद सेवाएँ उपलब्ध कराई जा सकती हैं। कुछ भाषाओं में लिखित जानकारी भी आपको मुफ्त में उपलब्ध कराई जा सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपने स्वास्थ्य प्लान को यहाँ कॉल करें: U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711। पर। अतिरिक्त सहायता की आवश्यकता पड़ने पर, DMHC Help Line को 1-888-466-2219 पर कॉल करें।

Hmong

COV NTAUB NTAUV LUS TSEEM CEEB:

Tej zaum koj yuav muaj cai rau cov cai pab cuam hauv qab no. Koj tuaj yeem tau txais ib tug kws txhais lus los sis txhais ntawv pub dawb. Cov ntaub ntawv sau no muaj sau ua qee yam ntaub ntawv pub dawb rau sawd daws. Yuav tau txais kev cov ntaub ntawv sau ua koj lus, thov hu rau qhov chaw npaj kho mob rau ntawm: U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711. Yog koj xav tau kev pab ntxiv, hu rau DMHC Help Line ntawm tus xov tooj 1-888-466-2219.

Japanese

言語支援サービスについての重要なお知らせ :

お客様には、以下権利があり、必要なサービスをご利用いただける可能性があります。お客様は、通訳または翻訳のサービスを無料でご利用いただけます。言語によっては、文書化された情報を無料でご利用できる場合もあります。ご希望の言語による援助をご希望の方は、お客様の医療保険プランにご連絡ください。U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711. この他のサポートが必要な場合には、DMHC Help Line に 1-888-466-2219 にてお問い合わせください。

Korean

중요 언어 정보:

귀하는 아래와 같은 권리 및 서비스를 누리실 수 있습니다. 귀하는 통역 혹은 번역 서비스를 비용 부담없이 이용하실 수 있습니다. 일부 언어의 경우 서면 번역 서비스 또한 비용 부담없이 제공될 수도 있습니다. 귀하의 언어 지원 서비스가 필요하시면 귀하의 건강보험에 다음 전화번호로 문의하십시오. U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711. 더 많은 도움이 필요하신 분은 DMHC 헬프 라인(안내번호: 1-888-466-2219)으로 문의하십시오.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਦੀ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆਂ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਬਿਨਾਂ ਕਿਸੇ ਖਰਚੇ ਦੇ ਮਿਲ ਸਕਦੀ ਹੈ। ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ: U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711। ਜੇ ਤੁਹਾਨੂੰ ਹੋਰ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ DMHC ਹੈਲਪ ਲਾਈਨ 'ਤੇ ਕਾਲ ਕਰੋ 1-888-466-2219।

Russian

ВАЖНАЯ ЯЗЫКОВАЯ ИНФОРМАЦИЯ:

Вам могут полагаться следующие права и услуги. Вы можете получить бесплатную помощь устного переводчика или письменный перевод. Письменная информация может быть также доступна на ряде языков бесплатно. Чтобы получить помощь на вашем языке, пожалуйста, позвоните по номеру вашего плана: U.S. Behavioral Health Plan, California 1-800-999-9585/ линия TTY: 711. Если вам все еще требуется помощь, позвоните в службу поддержки DMHC по телефону 1-888-466-2219.

Tagalog

MAHALAGANG IMPORMASYON SA WIKA:

Maaaring kwalipikado ka sa mga karapatan at serbisyo sa ibaba. Maaari kang kumuha ng interpreter o mga serbisyo sa pagsasalín nang walang bayad. Maaaring may available ding libreng nakasulat na impormasyon sa ilang wika. Upang makatanggap ng tulong sa iyong wika, mangyaring tumawag sa iyong planong pangkalusugan sa: U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711. Kung kailangan mo ng higit pang tulong, tumawag sa DMHC Help Line sa 1-888-466-2219.

Thai

ข้อมูลสำคัญเกี่ยวกับภาษา :

คุณอาจมีสิทธิได้รับสิทธิและบริการต่าง ๆ ด้านล่างนี้ คุณสามารถขอล่ามแปลภาษาหรือบริการแปลภาษาได้ โดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด นอกจากนี้ ยังอาจมีข้อมูลเป็นลายลักษณ์อักษรบางภาษาให้ด้วย โดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด หากต้องการขอความช่วยเหลือเป็นภาษาของคุณ โปรดโทรศัพท์ถึงแผนสุขภาพของคุณที่ : U.S. Behavioral Health Plan, California 1-800-999-9585/ สำหรับผู้มีความบกพร่องทางการฟัง : 711 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์ถึงศูนย์ให้ความช่วยเหลือเกี่ยวกับ DMHC ที่หมายเลขโทรศัพท์ 1-888-466-2219.

Vietnamese

THÔNG TIN QUAN TRỌNG VỀ NGÔN NGỮ:

Quý vị có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể yêu cầu được cung cấp một thông dịch viên hoặc các dịch vụ dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể sẵn có ở một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của quý vị, vui lòng gọi cho chương trình bảo hiểm y tế của quý vị tại: U.S. Behavioral Health Plan, California 1-800-999-9585/ TTY: 711. Nếu quý vị cần trợ giúp thêm, xin gọi Đường dây hỗ trợ DMHC theo số 1-888-466-2219.

