



## CAN YOU READ THIS NEWSLETTER?

If not, please call us at **1-877-723-4795**. We can help.

**¿PUEDE LEER ESTE BOLETÍN?** Si no puede, llámenos al **1-877-723-4795**. Le ayudaremos.

**BẠN ĐỌC ĐƯỢC THÔNG TIN NÀY KHÔNG?** Nếu không, xin gọi số **1-877-723-4795**. Chúng tôi sẽ giúp.

**您能否阅读这份简报?** 如果不能, 请致电**1-877-723-4795** 联系我们。我们能为您提供帮助。

**NABABASA MO BA ANG NEWSLETTER NA ITO?** Kung hindi, pakitawagan kami sa **1-877-723-4795**. Makakatulong kami.

## We're moving! Santa Clara Family Health Plan™

Santa Clara Family Health Plan has some exciting news! We have a new logo, new office location, and a new newsletter! We hope you enjoy reading *Healthy Living*.

● **Our office is moving this summer to:**

6201 San Ignacio Ave.  
San Jose, CA 95119

● **While our look has changed, our mission has not.** We will continue to work with providers to deliver high-quality health care to you.

● **Watch for your new SCFHP ID card in the mail.**

As your local community health plan, we welcome your calls and visits.

**THANK YOU FOR YOUR PATIENCE AS WE MAKE THE MOVE!**

### Call Us

#### Customer Service

8 a.m. to 8 p.m.,  
Monday through Friday

**1-877-723-4795**

#### TTY/TDD

**1-800-735-2929** or **711**

ME

Health and wellness or prevention information

Standard  
U.S. Postage  
PAID  
Walla Walla, WA  
Permit No. 44

# Have you had a dental checkup this year?

Everyone should see a dentist every six months. This helps prevent cavities and other dental problems.

Dental benefits are provided to Cal MediConnect members through Denti-Cal. To find a provider, visit [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov) or call Denti-Cal at **1-800-322-6384**, 8 a.m. to 5 p.m., Monday through Friday.



---

## Reduce your risk of diabetes

As of April 1, 2018, Cal MediConnect offers a diabetes prevention program at no cost to you! The program can help you eat healthier, increase your physical activity, and lose weight. The program can help delay or even prevent the onset of type 2 diabetes.

*FOR MORE INFORMATION, call Santa Clara Family Health Plan Customer Service and ask for the Health Education Department. You will need a doctor's referral and lab results showing that you have prediabetes in order to participate in the program.*



## **Discrimination is Against the Law**

Santa Clara Family Health Plan (SCFHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCFHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCFHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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 Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users call 1-800-735-2929 or 711.

If you believe that SCFHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Attn: Appeals and Grievances Department  
Santa Clara Family Health Plan  
6201 San Ignacio Ave  
San Jose, CA 95119  
Phone: 1-877-723-4795  
TTY/TDD: 1-800-735-2929 or 711  
Fax: 1-408-874-1962  
Email: CalMediConnectGrievances@scfhp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Customer Service representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
Phone: 1-800-368-1019  
TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Language Assistance Services

**English:** ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 1-800-735-2929 or 711. The call is free.

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al Cliente al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch Vụ Khách Hàng theo số 1-877-723-4795, từ thứ Hai đến thứ Sáu, 8 giờ sáng đến 8 giờ tối. Những người sử dụng TTY/TDD gọi đến số 1-800-735-2929 hoặc 711. Cuộc gọi được miễn phí.

**中文 (Chinese):** 注意：如果您说中文，将为您提供免费的语言服务。请致电 1-877-723-4795 联系客户服务部，工作时间是周一至周五早上 8:00 至晚上 8:00。TTY/TDD 用户请致电 1-800-735-2929 或 711。这是免费电话。

**Tagalog – Filipino (Tagalog):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Serbisyo para sa Customer sa 1-877-723-4795, Lunes hanggang Biyernes, mula 8 a.m. hanggang 8 p.m. Dapat tumawag ang mga TTY/TDD user sa 1-800-735-2929 o 711. Libre ang tawag.

**한국어 (Korean):** 주의:한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일까지 오전 8시부터 오후 8시 사이에 1-877-723-4795 번으로 고객 서비스 부서에 전화해 주십시오. TTY/TDD 사용자는 1-800-735-2929 번 또는 711 번으로 전화해 주시면 됩니다.통화료는 무료입니다.

**Հայերեն (Armenian):** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Ձանգահարեք Հաճախորդների սպասարկման կենտրոն 1-877-723-4795 հեռախոսահամարով՝ երկուշաբթիից ուրբաթ՝ 8 a.m.-ից 8 p.m.-ը: TTY/TDD օգտվողները պետք է զանգահարեն 1-800-735-2929 կամ 711: Ձանգն անվճար է:

**Русский (Russian):** ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Звоните в службу поддержки клиентов по номеру 1-877-723-4795 с понедельника по пятницу с 8:00 до 20:00. Лица, пользующиеся телетайпом / телекоммуникационными устройствами для глухих (TTY/TDD), могут связаться по номерам 1-800-735-2929 или 711. Звонки бесплатные.

### فارسی (Persian, Farsi):

توجه: اگر به زبان فارسی صحبت می کنید، سرویس های دستیار زبان به صورت رایگان در دسترس است. از طریق شماره 4795-723-877-1 روزهای دوشنبه تا جمعه از ساعت 8 صبح تا 8 عصر با سرویس مشتری تماس بگیرید. کاربران TTY/TDD می توانند از طریق شماره 1-800-735-2929 یا 711 تماس بگیرند. این تماس رایگان است.

**日本語 (Japanese):** 注意事項: 日本語を話される場合、無料の言語サービスをご利用いただけます。月曜日から金曜日、午前 8 時～午後 8 時に対応のカスタマーサービス(1-877-723-4795)までご連絡ください。TTY/TDD ご利用の方は、1-800-735-2929 または 711 に電話してください。通話料金は無料です。

**Hmoob (Hmong):** LUS CEEV:Yog koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu Rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm 1-877-723-4795, hnuv Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. Tus xov tooj rau cov neeg TTY/TDD hu rau 1-800-735-2929 lossis 711. Yog tus xov tooj hu dawb.

**ਪੰਜਾਬੀ (Punjabi):** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਤੋਂ ਰਾਤ 8 ਵਜੇ ਤੱਕ ਤੇ, 1-877-723-4795 'ਤੇ ਕਾਲ ਕਰੋ। TTY/TDD ਵਰਤਣ ਵਾਲਿਆਂ ਨੂੰ 1-800-735-2929 ਜਾਂ 711 'ਤੇ ਕਾਲ ਕਰਨੀ ਚਾਹੀਦੀ ਹੈ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੁੰਦੀ ਹੈ।

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بخدمة العملاء على الرقم 1-877-723-4795، من الإثنين إلى الجمعة، 8 ص إلى 8 م. مستخدم الهاتف النصي/جهاز الاتصال لضعاف السمع يمكنهم الاتصال على الرقم 1-800-735-2929 أو 711. اتصل مجاناً.

**हिंदी (Hindi):** ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। आप सोमवार से शुक्रवार, सुबह 8 बजे से रात के 8 बजे तक ग्राहक सेवा को 1-877-723-4795 पर कॉल कर सकते हैं। TTY/TDD उपयोगकर्ताओं को 1-800-735-2929 या 711 पर कॉल करना चाहिए। कॉल निःशुल्क है।

**ภาษาไทย (Thai):** เรียบ: หากท่านพูดภาษาไทย เรามีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย โทรติดต่อฝ่ายบริการลูกค้าที่ 1-877-723-4795 ได้ตั้งแต่วันจันทร์ถึงวันศุกร์ เวลา 08.00 น. ถึง 20.00 น. ผู้ใช้ TTY/TDD สามารถโทรติดต่อได้ที่ 1-800-735-2929 หรือ 711 โดยไม่มีค่าใช้จ่าย

**ខ្មែរ (Mon-Khmer, Cambodian):** ប្រមូលកិច្ចទុកដាក់: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សេវាផ្នែកទំនាក់ទំនងអតិថិជនតាមលេខ 1 877 723 4795 អាចរកបានពីថ្ងៃច័ន្ទ ដល់សុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 ល្ងាច។ អ្នកប្រើ TTY/TDD គួរតែទូរស័ព្ទមកលេខ 1 800 735 2929 ឬ 711 ។ ការហៅទូរស័ព្ទគឺឥតគិតថ្លៃ។

**ພາສາລາວ (Lao):** ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາ ຝ່າຍບໍລິການລູກຄ້າທີ່ເບີ 1-877-723-4795, ເຊິ່ງເປີດໃຫ້ບໍລິການ 7 ວັນຕໍ່ອາທິດ, ຕັ້ງແຕ່ 8 ໂມງເຊົ້າຫາ 8 ໂມງ ແລງ. ຜູ້ທີ່ໃຊ້ TTY/TDD ແມ່ນໃຫ້ໂທຫາເບີ 1-800-735-2929 ຫຼື 711. ການໂທແມ່ນໂທຟຣີ.



# Need a ride? We can help!

If you need a ride to a medical appointment, contact Customer Service ahead of time to arrange transportation. Make your request:

- Three days before your appointment for non-medical transportation
- Five days before your appointment for non-emergency medical transportation

To request a ride, log in to mySCFHP at [www.member.scfhp.com](http://www.member.scfhp.com) or call Customer Service at **1-877-723-4795**. TTY/TDD users should call **1-800-735-2929** or **711**.



## Quality improvement: Get the details

Santa Clara Family Health Plan (SCFHP) publishes its quality improvement program details on our website each year. Visit [www.scfhp.com/for-members/quality-improvement](http://www.scfhp.com/for-members/quality-improvement) to download a copy of the program details. You can learn how SCFHP finds areas that need improvement and addresses them. Please call Customer Service if you would like a copy mailed to you.

**SANTA CLARA FAMILY HEALTH PLAN**  
*Utilization Management distributes an affirmative statement regarding financial incentives. Visit [www.bit.ly/scfhpaffirmativestatement](http://www.bit.ly/scfhpaffirmativestatement) to learn more. If you would like the statement mailed to you, call Customer Service.*





# You can make a difference

Join our advisory board!

Do you want to make Cal MediConnect a better health plan for you and your community? Join the Cal MediConnect Consumer Advisory Board (CAB)! The CAB is a group of members like you and can include a family member or other people who help take care of you.

The CAB meets with health plan staff to provide feedback on services and benefits provided in Cal MediConnect.

As a member of the CAB, you'll get to:

- Be the voice for Cal MediConnect plan members like you.
  - Work with our plan representatives and members of your community.
  - Tell us about your experiences.
- We can give you and your caregiver a ride, if needed. Food is served.

***IF YOU ARE*** interested in serving on the CAB, call SCFHP Customer Service at **1-877-723-4795**.

## HEALTHY LIVING

Cal MediConnect Plan  
(Medicare-Medicaid Plan)

SUMMER 2018

Information in HEALTHY LIVING comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider. Models may be used in photos and illustrations.

2018 © Coffey Communications, Inc. All rights reserved.

H7890\_13079E Accepted

Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

**SANTA CLARA FAMILY HEALTH PLAN**  
P.O. Box 18880, San Jose, CA 95158  
**1-877-723-4795 • www.scfhp.com**  
TTY/TDD: **1-800-735-2929** or **711**