

Your Rights and What You Need to Do In a Medi-Cal Managed Care Health Plan

Now that you have chosen a Medi-Cal Managed Care health plan, you should know what your rights are and what you need to do!

You have a right to:

- Regular check-ups for your children and exams for you
- Information about or assistance with public transportation
- Be treated with respect and spoken to in the language you best understand
- See a specialist if necessary
- Complain and receive answers in writing
- Have all appeals and decisions explained
- Get copies of your medical records
- Change health plans at certain times

You need to do the following:

- Know your primary care doctor and see him/her first unless you have an emergency
- Know your medical history
- Keep a list of medicines that you and your family use and/or are allergic to
- Give complete information to your doctor/clinic
- Keep appointments
- Keep you and your family's health check-ups up-to-date

If you have a question or complaint, you should call:

Your health plan's member services office (see health plan list on back)	
State Medi-Cal Ombudsman	(888) 452-8609
State Department of Managed Health Care	(888) HMO-2219
Healthy San Diego Program	(619) 515-6584
Consumer Center for Health Education and Advocacy	(877) 734-3258 (toll-free)

You can make a difference in your family's health care!

SAN DIEGO COUNTY
IMPORTANT PHONE NUMBERS FOR MEDI-CAL BENEFICIARIES

For questions about specific providers, Medi-Cal Managed Care Health Plans and services, call:

Medi-Cal Health Plan Name	Member Service Number
Care1st Health Plan	(800) 605-2556
Community Health Group	(800) 224-7766
Health Net	(800) 675-6110
Kaiser Permanente	(800) 464-4000
Molina Healthcare	(888) 665-4621

For questions about Medi-Cal covered dental services and Denti-Cal providers call:

Denti-Cal	(800) 322-6384
-----------	----------------

For information and referral for Behavioral Health services call for assistance 24 hours a day 7 days a week:

The San Diego County Access & Crisis Line	(888) 724-7240
---	----------------

For questions about the enrollment/disenrollment process or to request an enrollment packet call:

HEALTH CARE OPTIONS TOLL-FREE LANGUAGE NUMBERS

English and languages not listed	(800) 430-4263
Spanish Español	(800) 430-3003
Armenian ՀԱՅԵՐԵՆ	(800) 840-5032
Cambodian ខ្មែរ	(800) 430-5005
Cantonese 粵語	(800) 430-6006
Farsi فارسی	(800) 840-5034
Hmong HMOOB	(800) 430-2022
Lao ພາສາລາວ	(800) 430-4091
Russian РУССКИЙ	(800) 430-7007
Vietnamese VIỆT	(800) 430-8008
TDDY line for the hearing impaired	(800) 430-7077

