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Life on Your Terms®

InnovAge PACE - California

Discover the unmatched benefits of PACE.

Table of Contents

Thank you for your interest in InnovAge PACE.

PACE stands for Program of All-inclusive Care for the Elderly. Founded in 1989, it is a special health plan for seniors that offers all-inclusive care to help you stay independent, healthy, and protected from unexpected healthcare costs. This all-in-one plan covers your medical, prescription drug, and long-term care needs—and with Medicare and Medi-Cal, there's no cost to you.

PACE is designed for individuals age 55 and older with ongoing health care needs. Our goal is to help you live safely in your home and community, working closely with you and your loved ones to provide personalized, coordinated care.

This summary of benefits includes important information about our services and benefits and can help you understand the key features of the program.

InnovAge California PACE operates through agreements with Medicare (CMS) and the California Department of Health Care Services (DHCS). These agreements are reviewed and renewed regularly. If they are not renewed, the program may end.

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

InnovAge PACE: Frequently Asked Questions (FAQs)

If you're comparing options for Medicare and Medi-Cal coverage, it's important to understand how PACE stands apart. This short FAQ breaks down how InnovAge PACE works—and why it's more than just health insurance.

Unlike traditional plans, PACE combines medical care, prescription coverage, personal care, transportation, meals, and more into one program that's built around you. It's designed to help older adults live safely at home and avoid unnecessary hospital visits or nursing home stays.

What is PACE?	**PACE stands for Program of All-Inclusive Care for the Elderly.** It is a Medicare and Medi-Cal program designed to help older adults stay safe, healthy, and independent in their homes and communities—without needing to move into a nursing facility.
How is PACE different from regular Medicare or Medi-Cal?	Unlike traditional Medicare and Medi-Cal: • PACE covers everything you need under one plan—including medical, dental, vision, prescriptions, and long-term care. • There are no premiums, copays, or deductibles if you qualify for both Medicare and Medi-Cal. • Care is coordinated by a team of experts who get to know you personally and create a customized care plan. • Transportation, meals, and social activities are included—services not usually covered by standard insurance. • PACE focuses on preventing hospitalizations and keeping you at home, not in a facility.

FAQs continued

What does PACE cover? (See full summary of benefits on page 6)	**PACE covers all Medicare and Medi-Cal services plus:** • Doctor and specialist visits • Prescription drugs • Dental, vision, and hearing care • Physical, occupational, and speech therapy • Medical equipment (e.g., wheelchairs, walkers) • Home health and personal care • Hospital and nursing home care when needed • Transportation to medical appointments • Day center activities and meals
Can I keep my regular doctors?	Once you enroll in PACE, you agree to receive all care through InnovAge PACE. **That means:** You'll work with a dedicated care team that includes doctors, nurses, therapists, and social workers. Your care must be approved and coordinated by your care team to be covered. Emergency, preventive, and sensitive services don't require prior approval.
Do I have to give up Medicare or Medi-Cal to join?	You'll still have Medicare and/or Medi-Cal coverage, but PACE becomes your sole provider. You'll get all your benefits through InnovAge PACE rather than traditional Medicare or Medi-Cal plans.
Who is eligible?	**You can enroll if you:** • Are 55 or older • Live in the PACE service area • Need a nursing home level of care, but can still safely live in the community • Are certified by the State to meet these requirements

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What if I need urgent or emergency care?	**PACE provides 24/7 emergency care coverage**, and you can receive urgent or emergency services even when traveling within the U.S. or its territories.
Is there a limit to how much care I can get?	**No**. There are no pre-set limits on the number of services or hospital days if they're medically necessary and part of your care plan.
How do I join?	Contact your insurance agent to begin the enrollment and assessment process. A care team will evaluate your needs to ensure you qualify and are a good fit for the program.
What happens if I change my mind?	**PACE is voluntary.** You can disenroll at any time and return to regular Medicare and Medi-Cal services.
How much does InnovAge PACE cost each month?	**What you pay each month depends on your Medicare and Medi-Cal eligibility:** If you have both Medicare and Medi-Cal: You typically don't pay anything for PACE services, including prescription drugs. • If you have Medicare and qualify for Medi-Cal's Medically Needy Only (MNO) program: You won't pay a premium, but you'll need to pay your MNO share of cost. • If you have Medicare only: You'll pay a monthly premium, plus an additional amount for prescription drug coverage. If you qualify for financial help, that cost may be reduced. • If you don't have Medicare or Medi-Cal: You'll be responsible for the full monthly premium, including prescriptions. Your Enrollment Representative will review your costs with you and write the amount in your agreement before you enroll. If your premium ever changes, you'll get a 30-day written notice. You can also contact your Social Worker with any questions or to talk about payment options.

Summary of Benefits

The following table is intended to help you compare coverage benefits and is a summary only. **There are no co-payments for PACE services.**

Service	What's covered	You Pay
Deductibles	You do not have to pay a deductible.	$0
Lifetime Maximums	There are no lifetime limits for covered services.	$0
Doctor Visits & Medical Care	Visits with primary care providers and specialists. Includes routine physicals, preventive care, outpatient surgery, and mental health services.	$0
Dental Care	Routine exams, cleanings, and X-rays. Basic and major services are included, with no annual maximum, when your PACE doctor determines that such services are medically necessary. Cosmetic dentistry is not covered.	$0
Vision Care	Eye exams, prescription eyeglasses, and lenses after cataract surgery.	$0
Hearing Services	Hearing tests and hearing aids.	$0
Podiatry	Routine foot care.	$0
Medical Social Services	Support from social workers and case managers.	$0
Rehabilitation Therapy	Physical, occupational, and speech therapy.	$0
Outpatient Services	Lab work, X-rays, mental health care, and outpatient surgery.	$0
Hospital Care	Semi-private room and all medically necessary services, including surgery, nursing care, medications, and lab tests. Private rooms not covered unless medically necessary.	$0
Emergency Care	Emergency services in the U.S. are covered. Outside the U.S., only Canada or Mexico are covered if hospitalization is required.	$0
Ambulance Services	Emergency ambulance transportation.	$0

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

Service	What's covered	You Pay
Prescription Drugs	Drugs as prescribed by your PACE doctor.	**$0**
Over-the-counter Drugs (OTC)	Over-the-counter drugs as prescribed by your PACE doctor.	**$0**
Medical Equipment	Items like wheelchairs, walkers, and oxygen.	**$0**
Mental Health Services	Includes therapy and psychiatric care.	**$0**
Substance Use Treatment	Includes care for drug and alcohol dependency.	**$0**
Home Health Services	Skilled nursing services at home, physician home visits (as needed), medical social work, and help from a home health aide.	**$0**
Home Care Services	Personal care such as grooming, dressing, and help using the bathroom. Also includes homemaker services, and home-delivered meals.	**$0**
Home Modifications	Changes to your home, like ramps or grab bars, to help you live safely and get around more easily, as approved by your care team (IDT).	**$0**
Skilled Nursing Facility	Semi-private room in a Medicare-covered facility.	**$0**
Day Center Services	Adult day health, including community-based adult services (CBAS). Includes meals, social activities, health and wellness classes, transportation, and support at the PACE center.	**$0**
Diabetes Management	Supplies, materials, and services to help manage diabetes.	**$0**
Dialysis Care	Services related to kidney dialysis services.	**$0**
End-of-Life Care	Comfort care and support services provided when needed.	**$0**

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

Summary of Benefits continued

Service	What's covered	You Pay
Nursing Home Care	No limits to the number of hospital or nursing home days that are covered if your doctor determines that such stays are medically necessary.	**$0**
Personal Emergency Response System (PERS)	Includes the monitoring device and service. A wearable or in-home device that lets you quickly call for help in an emergency, 24/7.	**$0**
24/7 Nurse Line	Call anytime, day or night, to speak with a registered nurse who can answer questions, provide health advice, and help you decide the right next steps for your care.	**$0**
Additional Services	Additional services like Acupuncture and Chiropractic care may be available if your care team (IDT) determines they are medically necessary to support your health and care plan.	**$0**

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

The InnovAge PACE Advantage

Our health care services plan has several unique features:

Expertise in Caring

For over 35 years, InnovAge PACE has helped older adults stay safe, healthy, and independent at home. We support people with a wide range of medical, physical, and social needs through personalized, all-inclusive care. Our team works together to deliver coordinated services that care for the whole person.

A Team Approach to Your Health

Your care is provided by a team of specialists who work with you. This may include doctors, nurses, therapists, social workers, and support staff. Together, they create a personalized care plan tailored to your needs.

Care Close to Home

You'll get most of your care at one of our centers—where your care team is based and ready to support you. Our centers are located at the addresses below:

InnovAge California PACE Crenshaw
3670 Degnan Blvd.
Los Angeles, CA 90018
213-943-2490 | TTY: 711

InnovAge California PACE Sacramento*
3870 Rosin Court
Sacramento, CA 95834
916-603-5400 | TTY: 711

InnovAge California PACE San Bernardino
410 East Parkcenter Circle
San Bernardino, CA 92408
909-890-2800 | TTY: 711

All of our centers are open Monday through Friday, from 8 a.m. to 4:30 p.m.

Which center you go to depends on a few things—like where you live, your preferences, and any special needs you may have. Don't worry, we provide transportation to and from the center. How often you visit will be based on your personalized care plan. And no matter the day or time, you'll always have access to care—**our team is available 24/7, every day of the year.**

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IN PARTNERSHIP WITH
Adventist Health | ESKATON

*In Sacramento, InnovAge PACE is proud to partner with Adventist Health and Eskaton—two trusted names in health and senior care. Together, we're committed to helping older adults live safely and independently at home with access to high-quality, coordinated care.

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

The InnovAge PACE Advantage continued

Choice of Physicians and Providers

Your Primary Care Provider (PCP) is part of your IDT team and manages your overall health, making sure you get any extra services you need. If you need gynecological care, you can go directly to a participating gynecologist.

Depending on your needs, care can happen at home, in a hospital, or at a nursing home. We also work with trusted specialists, pharmacies, labs, and other providers to make sure you're fully supported.

An enrollment representative can review the list of contracted providers with you, if needed.

A Care Plan Designed Just for You

You'll get to know every member of your care team personally. They'll work closely with you to help you stay healthy and independent. Before you receive any services, your team reviews and approves your care plan. There's no need for approval in emergencies, preventive care, or sensitive services. Your team reviews your needs at least every six months, or sooner if needed, and adjusts your care to fit any changes. You and your family can also request a review anytime.

One Program, Full Coverage

When you join InnovAge PACE, you're still getting the Medicare and Medi-Cal benefits you're entitled to—but in one simple, coordinated program.

We partner with Medicare and the California Department of Health Care Services (Medi-Cal) to bring you all the care you need—and often more. That means medical, prescription, and long-term care services are all covered through InnovAge PACE.

Instead of juggling multiple plans or providers, PACE becomes your one-stop program for care. It's easier for you, and better for your health.

If you have questions about your Medicare coverage or want a second opinion, you can reach out to the Health Insurance Counseling and Advocacy Program (HICAP).

HICAP offers free, unbiased help to California seniors and can guide you through your options. To connect with your local HICAP office, call 1-800-434-0222 toll-free.

This service is provided at no cost by the State of California.

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

Care Without Limits, Based on What You Need

At InnovAge PACE, there are no set limits on the care you can receive. If your PACE doctor determines you need hospital or nursing home care, it's fully covered for as long as it's medically necessary.

The same goes for home care—you'll get the support you need, as often as your care team recommends. Your health and independence always come first.

Easy, Seamless Care—All in One Place

When you join InnovAge PACE, we become your main health care provider. That means you'll receive all your medical care through us—either directly from our team or from trusted partners we work with.

You'll still be covered by Medicare and/or Medi-Cal, but once enrolled in PACE, you won't use other doctors or services through traditional Medicare or Medi-Cal plans.

You'll also be automatically disenrolled from any other Medicare or Medi-Cal prepaid health plans or extra benefit programs.

With PACE, everything is simplified—and all your care is in one place.

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

Eligibility

You are eligible to enroll in InnovAge California PACE if you:

- **Reside in the InnovAge California PACE's service area, which includes:**

Crenshaw Service Area	
Los Angeles County	90006, 90007, 90008, 90016, 90018, 90019, 90025, 90034, 90037, 90043, 90044, 90045, 90047,90056, 90062, 90064, 90066, 90067, 90094, 90230, 90232, 90245, 90247, 90248, 90249, 90250, 90254, 90260, 90266, 90278, 90291, 90292, 90293, 90301, 90302, 90303, 90304, 90305, 90401,90403, 90404, 90405, 90501, 90502, 90503, 90504, 90710, 90717, 90746

Sacramento Service Area	
El Dorado County	95623, 95651, 95664, 95667*, 95672, 95682, 95762
Placer County	95603**, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95746, 95747, 95765
Sacramento County	95608, 95610, 95615, 95621, 95624, 95626, 95628, 95630, 95632, 95638, 95639, 95641, 95652,95655, 95660, 95662, 95670, 95673, 95680, 95683, 95690, 95693, 95742, 95757, 95758, 95811,95814, 95815, 95816, 95817, 95818, 95819, 95820, 95821, 95822, 95823, 95824, 95825, 95826, 95827, 95828, 95829, 95830, 95831, 95832, 95833, 95834, 95835, 95837, 95838, 95841, 95842, 95843,95864
San Joaquin County	95220, 95237, 95240, 95242, 95258
Sutter County	95220, 95237, 95240, 95242, 95258
Yuba County	95692***, 95901****, 95961

There are four partial zip codes in the Sacramento Center service area: 95667 (El Dorado County), 95603 (Placer County) and 95692 and 95901 (Yuba County). The description of the boundaries for these partial zip codes are as follows:

* El Dorado County 95667 partial zip: Placerville - The extreme eastern boundary is located at Eskaton Village Placerville (3380 Blairs Ln, Placerville, CA 95667). This is located on the eastern side of Placerville. The service area boundary north and south of this location is conservatively adjusted to not go beyond the new location of this extreme eastern boundary. North: From the extreme eastern boundary, the service area boundary travels directly north ranging from

0-2 miles east beyond State HWY-193/George Town Rd. The service area boundary continues north until it simultaneously connects with HWY-193/George Town Rd. and the very northern edge of the zip code boundary Placerville is located within 95667. South: From the extreme eastern boundary, the service area boundary drops directly south through Tiger Lily (just east of Diamond Springs), continues along Oak Hill Rd., and connects to zip code 95623's eastern boundary on the south).

** Placer County 95603 partial zip: Auburn - Ending at the northern and eastern boundaries of the city limits of Auburn.

*** Yuba County 95692 partial zip: Wheatland - Ending at the northern city limits of Wheatland, to exclude the community of Hortsville.

**** Yuba County 95901 partial zip: Marysville - To include communities of Linda, Olivehurst and Marysville, ending at the east, west and north city limits of Marysville.

San Bernardino Service Area	
San Bernardino County	91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91761, 91762, 91763, 91764,91784, 91785, 91786, 92313, 92316, 92318, 92322, 92324, 92325, 92331, 92334, 92335, 92336, 92337,92346, 92350, 92354, 92357, 92359, 92373, 92374, 92375, 92376, 92377, 92399, 92401, 92402,92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92412, 92413, 92414, 92415, 92418,92423, 92424, 92427
Riverside County	91752, 92223, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513,92514, 92515, 92516, 92517, 92518, 92519, 92521, 92522, 92551, 92552, 92553, 92554, 92555,92556, 92557, 92570, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883

- **Are 55 years of age or older.**
- **Are nursing home eligible according to the state of California.**
- **Are able to live in the community without jeopardizing the health and safety of yourself and others.**

You must also be:

- Certified by the DHCS' Integrated Systems of Care Division (ISCD) as having met these level-of-care requirements. Because InnovAge California PACE serves only older individuals who meet the State's level-of-care requirements for coverage of nursing facility services, an outside review must confirm that your health situation, in fact, qualifies you for our care.
- The DHCS' ISCD provides this review before you sign the InnovAge California PACE Enrollment Agreement based on a review of the documents prepared by the members of the IDT who have assessed your health.

What Happens Next? Your Path to Enrolling in PACE

1. Initial Application: Once you are ready to take the next step, your insurance agent will send your information to InnovAge PACE, letting us know you're interested in learning more about PACE.

2. Connect with InnovAge PACE: One of our InnovAge representatives will call you (or your caregiver) to confirm your information, answer questions and schedule a home visit or center tour, if you'd like one. They will also walk you through the state enrollment process.

3. In-Person Assessment: You'll meet with members of our care team—like a nurse and social worker—who will evaluate your medical needs and confirm that you meet the State's eligibility requirements.

4. Enrollment Conference: We'll meet with you and your family (or caregiver) to review your personalized care plan, discuss any monthly costs, and walk through the Enrollment Agreement together.

5. Sign & Start: Once you sign the agreement and the state approves your enrollment, your PACE coverage begins on the first day of the following month. You'll get a welcome packet, your PACE ID card, and support from your care team right away.

Have Questions?

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

Participant Rights and Responsibilities

When you join a PACE program, you have certain rights and protections. InnovAge PACE, as your PACE program, must fully explain and provide your rights to you or someone acting on your behalf in a way you can understand at the time you join.

At InnovAge PACE, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medi-Cal and Medicare-covered items and services, and other services determined to be necessary by the interdisciplinary team across all care settings, 24 hours a day, 7 days a week.

Our staff and contractors seek to affirm the dignity and worth of each participant by assuring the following rights:

You have the right to treatment.
You have the right to treatment that is both appropriate for your health conditions and provided in a timely manner. You have the right:

- To receive all the care and services you need to improve or maintain your overall health condition, and to achieve the best possible physical, emotional, and social well-being.
- To get emergency services when and where you need them without the PACE program's approval. A medical emergency is when you think your health is in serious danger— when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States and you do not need to get permission from InnovAge PACE prior to seeking emergency services.

You have the right to be treated with respect.
You have the right to be treated with dignity and respect at all times, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment and in an accessible manner.
- To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms.
- To be encouraged and helped to use your rights in the PACE program.
- To get help, if you need it, to use the Medicare and Medi-Cal complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the PACE center.
- To not have to do work or services for the PACE program.

- To have all information about your choices for PACE services and treatment explained to you in a language you understand, and in a way that takes into account and respects your cultural beliefs, values, and customs.

You have a right to protection against discrimination.
Discrimination is against the law. Every company or agency that works with Medicare and Medi-Cal must obey the law. They cannot discriminate against you because of your:

- Race
- Ethnicity
- National Origin
- Religion
- Age
- Sex
- Mental or physical disability
- Sexual Orientation
- Source of payment for your health care (For example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at the PACE program to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to information and assistance.
You have the right to get accurate, easy-to-understand information, to have this information shared with your designated representative, who is the person you choose to act on your behalf, and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the PACE program interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and PACE participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- To have the enrollment agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from the PACE program. The PACE program must also post these rights in a public place in the PACE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the PACE program. This includes telling you which services are provided by contractors instead of the PACE staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.

- To be provided with a copy of individuals who provide care-related services not provided directly by InnovAge PACE upon request.
- To look at, or get help to look at, the results of the most recent review of your PACE program. Federal and State agencies review all PACE programs. You also have a right to review how the PACE program plans to correct any problems that are found at inspection.

Before InnovAge PACE starts providing palliative care, comfort care, and end-of-life care services, you have the right to have information about these services fully explained to you. This includes your right to be given, in writing, a complete description of these services and how they are different from the care you have been receiving, and whether these services are in addition to, or instead of, your current services. The information must also explain, in detail, how your current services will be affected if you choose to begin palliative care, comfort care, or end-of-life services. Specifically, it must explain any impact to:

- Physician services, including specialist services.
- Hospital services
- Long-term care services
- Nursing services
- Social services
- Dietary services
- Transportation
- Home care
- Therapy, including physical, occupational, and speech therapy
- Behavioral health
- Diagnostic testing, including imaging and laboratory services
- Medications
- Preventative healthcare services
- PACE center attendance

You have the right to change your mind and take back your consent to receive palliative care, comfort care, or end-of-life care services at any time and for any reason by letting InnovAge PACE know either verbally or in writing.

You have a right to a choice of providers.
You have the right to choose a health care provider, including your primary care provider and specialists, from within the PACE program's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have the right to have reasonable and timely access to specialists as indicated by your health condition.

You also have the right to receive care across all care settings, up to and including placement in a long-term care facility when InnovAge PACE can no longer maintain you safely in the community.

You have a right to participate in treatment decisions.
You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf as your designated representative. You have the right:

- To be fully informed of your health status and how well you are doing, to make health care decisions, and to have all treatment options fully explained to you. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this may affect your physical and mental health.
- To fully understand InnovAge PACE's palliative care, comfort care, and end-of-life care services. Before InnovAge PACE can start providing you with palliative care, comfort care, and end-of-life care services, the PACE program must explain all of your treatment options, give you written information about these options, and get written consent from you or your designated representative.
- To have the PACE program help you create an advance directive, if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.
- You have a right to have your health information kept private.
- You have the right to talk with health care providers in private and to HAVE YOUR personal health care information kept private and confidential, including health data that is collected and kept electronically, as protected under State and Federal laws.
- You have the right to look at and receive copies of your medical records and request amendments.
- You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800- 537- 7697.

You have a right to make a complaint.
You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with your PACE program.

You have the right to a fair and timely process for resolving concerns with your PACE program.
You have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.
- To contact 1-800-Medicare for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.

You have the right to request additional services or file an appeal.
You have the right to request services from InnovAge PACE, its employees, or contractors, that you believe are necessary. You have the right to a comprehensive and timely process for determining whether those services should be provided.

You also have the right to appeal any denial of a service or treatment decision by the PACE program, staff, or contractors.

You have a right to leave the program.
If, for any reason, you do not feel that the PACE program is what you want, you have the right to leave the program at any time and have such disenrollment be effective the first day of the month following the date InnovAge PACE receives your notice of voluntary disenrollment.

Additional Help:
If you have complaints about your PACE program, think your rights have been violated, or want to talk with someone outside your PACE program about your concerns, call 1-800-MEDICARE (1-800- 633-4227) to get the name and phone number of someone in your State Administering Agency.

Discrimination is Against the Law

InnovAge complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. InnovAge does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

InnovAge:

- 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 InnovAge's Civil Rights Coordinator.

If you believe that InnovAge 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:

InnovAge Civil Rights Coordinator

8950 E Lowry Blvd. Denver, Colorado 80230 866-828-0516 | 303-996-1600

TTY – dial 711 and request a connection to InnovAge at 888.992.4464
CivilRightsCoordinator@innovage.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Lori Rothwell, InnovAge Civil Rights Coordinator 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, D.C. 20201

1.800.368.1019, 800.537.7697 (TDD)

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

(Insert MLI language taglines)

Notice of Availability of Language Assistance Services and Auxilliary Aids and Services

ENGLISH: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, call us at 1-800-774-4344 and enter identification number 236170. Someone who speaks your language can help you. This service is free.

If you need information in another format, such as Braille, large print, or audio, we also provide auxiliary aids and services at no cost.

SPANISH: Ofrecemos servicios de intérprete sin costo alguno para contestar cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-774-4344, presione uno e ingrese el número de identificación 236170. Alguien que hable su idioma le podrá ayudar. Este es un servicio gratuito.

Si necesita la información en otro formato, como Braille, letra grande o audio, también ofrecemos ayudas y servicios auxiliares sin costo.

CHINESE MANDARIN: 我们提供免费的口译服务来解答您对我们的健康或药物计划的任何问题。如需口译服务，请致电 **1-800-774-4344** 并输入识别号 **236170**。会有说您的语言的人可以帮助您。此项服务是免费的。

如果您需要以其他格式获取信息，例如盲文、大字印刷或音频，我们也可以免费提供辅助工具和服务。

CHINESE CANTONESE: 為解答您有關我們的健康或藥物計劃的任何問題，我們提供免費的口譯服務。如需口譯員，請致電 **1-800-774-4344** 並輸入識別號碼 **236170**。會有說您的語言的人幫助您。此項服務不收取費用。

如您需要其他格式的信息，例如點字、大字印刷或音頻，我們也免費提供輔助工具和服務。

Tagalog: Mayroon kaming libreng mga serbisyo ng interpreter para sagutin ang anumang mga tanong na maaaring mayroon ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan kami sa **1-800-774-4344** at ilagay ang numero ng pagkakakilanlan **236170**. Maaaring tumulong sa iyo ang isang taong nakakapagsalita ng wika mo. Libre ang serbisyong ito.

Kung kailangan mo ng impormasyon sa ibang format, gaya ng Braille, malalaking titik, o audio, nagkakaloob din kami ng mga karagdagang tulong at serbisyo nang walang bayad.

FRENCH: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime d'assurance maladie ou d'assurance médicaments. Pour faire appel à un interprète, appelez-nous au **1-800-774-4344**and saisissez le numéro d'identification **236170** Quelqu'un qui parle votre langue peut vous aider. Ce service est gratuit.

Si vous avez besoin d'informations dans un autre format, par exemple en braille, en gros caractères ou sous forme audio, nous vous proposons également des aides et des services auxiliaires gratuits.

VIETNAMESE: Chúng tôi cung cấp dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về kế hoạch sức khỏe hoặc kế hoạch thuốc của chúng tôi. Để có phiên dịch viên, vui lòng gọi cho chúng tôi theo số

1-800-774-4344 và nhập số nhận dạng **236170**. Một người nói được ngôn ngữ của quý vị sẽ giúp đỡ quý vị. Dịch vụ này là miễn phí.

Nếu quý vị cần thông tin dưới dạng khác, chẳng hạn như chữ nổi Braille, in chữ lớn, hoặc âm thanh, chúng tôi cũng cung cấp các công cụ hỗ trợ và dịch vụ miễn phí.

GERMAN: Wir haben kostenlose Dolmetscherdienste um alle Ihre Fragen zu unserem Gesundheits- oder Arzneimittelplan zu beantworten. Um einen Dolmetscher zu bekommen, rufen Sie uns an unter **1-800-774-4344** und geben Sie die folgende Identifikationsnummer ein **236170.** Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Diese Dienstleistung ist kostenlos.

Wenn Sie Informationen in einem anderen Format benötigen, beispielsweise in Braille, Großdruck oder als Audio, stellen wir Ihnen auch hierfür kostenlose Hilfsmittel und Dienstleistungen zur Verfügung.

KOREAN: 건강 관련 사항이나 복용 중인 약에 대해 궁금하신 점이 있으시면, 저희는 무료 통역 서비스를 제공해 드립니다. 통역가 서비스를 받으시려면 **1-800-774-4344** 로 연락하시어 ID 번호 **236170** 를 입력하세요. 귀하의 언어를 사용하는 직원이 도움을 줄 것 입니다. 본 서비스는 무료입니다.

점자, 큰 글씨, 오디오 등 다른 양식으로 정보가 필요하다면, 보조 기기 및 서비스를 무료로 제공해 드립니다.

RUSSIAN: Мы предлагаем бесплатные услуги переводчика, чтобы вы могли получить ответы на любые вопросы о своем плане медицинского обслуживания или покрытия расходов на лекарства. Чтобы связаться с переводчиком, позвоните по номеру **1-800-774-4344** и введите идентификационный номер **236170**. Вы сможете получить помощь от человека, говорящего на вашем языке. Это бесплатная услуга.

Если вам требуется информация в другом формате, например, набранная шрифтом Брайля, крупным шрифтом или в аудиоформате, вспомогательные средства и услуги также предоставляются бесплатно.

Call 855-617-0983 to get started, or talk to your insurance agent for more information.

HINDI: स्वास्थ्य या औषधि प्लान के संबंध में आपके कोई प्रश्न होने पर उनका उत्तर देने के लिए हमारे पास निशुल्क भाषांतरकार सेवाएँ उपलब्ध हैं। भाषांतरकार प्राप्त करने के लिए, कृपया हमें **1-800-774-4344** पर कॉल करें और पहचान संख्या **236170** प्रविष्ट करें। कोई व्यक्ति जो आपकी भाषा में बोलता हो वो आपकी सहायता कर सकता है। यह सेवा निशुल्क है।

आपको जानकारी की आवश्यकता किसी अन्य फार्मेट, जैसे ब्रेल, बड़े प्रिंट, अथवा ऑडियो, में होने पर हम बिना किसी शुल्क के सहायक सामग्री और सेवाएँ भी प्रदान करतें हैं।

ITALIAN: Il servizio di interpretariato gratuito è disponibile per qualsiasi domanda abbiate riguardo ai nostri piani di assistenza medica o per i piani terapeutici. Per parlare con un interprete, comporre il numero **1-800-774-4344** e inserire il codice identificativo **236170.** Possiamo fornirvi assistenza nella vostra lingua. Questo servizio è gratuito.

Se avete bisogno di informazioni in altri formati, come in Braille, caratteri ingranditi, o audio, anche questi servizi ausiliari sono forniti a titolo gratuito.

PORTUGUESE: Nós oferecemos serviços de intérprete gratuitos para responder a qualquer dúvida que você possa ter sobre nosso plano de saúde ou medicamentos. Para obter um intérprete, entre em contato conosco pelo número **1-800-774-4344** e informe o número de identificação **236170**. Uma pessoa que fala seu idioma poderá te ajudar. Este serviço é gratuito.

Se você precisar de informações em um formato diferente, como Braille, impressão em tamanho grande ou áudio, também disponibilizamos esses recursos sem custos adicionais.

FRENCH CREOLE: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou w jwenn yon entèprèt, rele nou nan **1-800-774-4344** epi mete nimewo idantifikasyon **236170**. Yon moun ki pale lang ou a ka ede w. Sèvis sa a gratis.

Si ou bezwen enfòmasyon yo nan yon lòt fòma, tankou Bray, gwo ekriti, oswa odyo, nou bay èd ak sèvis oksilyè sa yo tou san w pa peye anyen.

POLISH: Oferujemy bezpłatne usługi tłumacza ustnego, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu zdrowotnego lub lekowego. Aby uzyskać dostęp do tłumacza, zadzwoń pod numer **1-800-774-4344** i podaj numer identyfikacyjny **236170.** Osoba mówiąca w Twoim języku może Ci pomóc. Ta usługa jest bezpłatna.

Jeśli potrzebujesz informacji w innym formacie, takim jak alfabet Braille'a, duży druk lub nagranie audio, oferujemy również pomocnicze środki i usługi bez dodatkowych opłat.

JAPANESE: 健康保険や医薬品プランに関するご質問にお答えするために、無料通訳

サービスをご提供しています。通訳をご希望の方は、1**1-800-774-4344**までお電話いただき、識別番号**236170**をご入力ください。ご希望の言語を話すスタッフがお手伝いいたします。こちらのサービスは無料となっております。

点字、大活字、音声など、他の形式での情報提供が必要な場合は、各種補助サービスを無料でご利用いただけます。

Notes

InnovAge California PACE Crenshaw
3670 Degnan Blvd.
Los Angeles, CA 90018
213-943-2490 | TTY: 711

InnovAge California PACE Sacramento
3870 Rosin Court
Sacramento, CA 95834
916-603-5400 | TTY: 711

InnovAge California PACE San Bernardino
410 East Parkcenter Circle
San Bernardino, CA 92408
909-890-2800 | TTY: 711