2026 Summary of Benefits

H5852 – Los Angeles County

January 1, 2026 – December 31, 2026

Your Health is Our Mission

PHP (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-800-263-0067 (TTY 711) and request the "Evidence of Coverage" or go to www.php-ca.org/for-members/publications.

To join PHP, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be diagnosed with HIV, and live in our service area. Our service area is Los Angeles County, California.

For more information, please call us at 1-800-263-0067, 8:00 a.m. to 8:00 p.m., seven days a week. TTY users call 711. Or visit us at www.php-ca.org.

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

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-263-0067 (TTY: 711) or speak to your provider.

Spanish/Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-263-0067 (TTY: 711) o hable con su proveedor.

Simplified Chinese/中文 – 注意：**如果您**说[**中文**]，**我**们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-263-0067（**文本**电话：711）**或咨**询您的服务提供商。

Traditional Chinese/台語 **– 注意**：**如果您**說[**台語**]，**我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電** 1-800-263-0067（TTY：711）**或與您的提供者討論。**

Vietnamese/Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-263-0067 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-263-0067 (TTY: 711) o makipag-usap sa iyong provider.

Korean/한국어 – 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-263-0067 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Armenian/ՀԱՅԵՐԵՆ – ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-263-0067 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

Farsi/ فارسي –

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-263-0067 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Russian/РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-263-0067 (TTY: 711) или обратитесь к своему поставщику услуг.

Japanese/日本語 – 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-263-0067（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Arabic/العربية –

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-263-0067 (711) أو تحدث إلى مقدم الخدمة".

Punjabi/ਪੰਜਾਬੀ – ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-263-0067 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Khmer/ភាសាខ្មែរ – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ
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ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន
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ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Hmong/Lus Hmoob – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-263-0067 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Hindi/हिंदी – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-263-0067 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Thai/ไทย – หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-263-0067 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

Discrimination Is Against the Law

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

PHP:

- 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 Member Services at 1-800-263-0067.

If you believe that PHP 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: Member Services, P.O. Box 46160, Los Angeles, CA 90046, 1-800-263-0067, TTY 711, Fax 1-888-235-8552, email php@positivehealthcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services 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
1-800-368-1019, 1-800-537-7697 (TDD)

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

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have questions, you can call and speak to a Member Services representative at 1-800-263-0067. Agents are available 8:00 am to 8:00 pm, seven days a week. TTY users call 711.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.php-ca.org/for-members/publications or call 1-800-263-0067 (TTY users call 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formular to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. The premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency and urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Monthly Plan Premium	You pay nothing.	You must continue to pay your Medicare Part B premium.
Deductible	$615 per year for Part D prescription drugs.	Deductible only applies to Part D prescription drugs. No deductible for medical services.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	You pay no more than $5,000 annually	This amount is the most you will pay for copays for medical services for the year. Once you reach this limit, we will pay the full cost of your medical services for the rest of the year.
Inpatient Hospital	You pay the following for inpatient stays: • $80 copay per day for days 1 through 6 • $0 copay per day for days 7 through 90 • $0 copay per day for "lifetime reserve days" 91 through 150	The copays for hospital benefits are based on benefit periods. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. Our plan covers 90 days each benefit period. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Authorization required.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Outpatient Hospital	You pay nothing for outpatient hospital service, i.e., outpatient surgery and surgery services and diagnostic radiology services, tests and procedures done at a hospital facility.	Some services require referral and authorization.
Ambulatory Surgery Center	You pay nothing for outpatient surgery and ambulatory surgery center services done at an ambulatory surgery center.	Referral and authorization required.
Doctor Visits	You pay nothing for primary care visits. You pay nothing for specialist visits.	Referral required for most specialist visits. Some specialist services/procedures require authorization.
Preventive Care	You pay nothing for preventive services such as annual wellness visit, breast cancer screenings, diabetes screening, immunizations, flu vaccines, and several other preventive services.	Any additional preventive services approved by Medicare during the plan year will be covered.
Emergency Care	You pay $50 copay per visit.	
Urgently Needed Services	You pay nothing.	
Diagnostic Services/ Labs/Imaging	You pay nothing for the following services: • Diagnostic radiology services, e.g., MRI, CT, PET scans • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Colonoscopy, sigmoidoscopy, endoscopy • Radiation therapy	Referral required.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Hearing Services	You pay nothing for one hearing exam every year. You pay nothing for prescription or over-the-counter hearing aids.	Referral required. **Plan pays up to $2,500 every year for up to 2 prescription or over-the-counter hearing aids.** Authorization required for hearing aids.
Dental Services	You pay nothing for limited Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth). You pay nothing for the following preventive services: • Cleanings (up to 2 every year) • Dental x-rays (1 every year) • Fluoride treatment (up to 2 every year) • Oral exam You pay nothing for the following comprehensive dental services: • Non-routine services • Diagnostic services • Restorative services • Endodontics/periodontics/ extractions • Prosthodontics, other oral/ maxillofacial surgery, other services	Referral and authorization required for Medicare-covered dental services. No referral or authorization required for preventive or comprehensive dental services. **Comprehensive dental services are limited to $1,550 every year.**

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Vision Services	You pay nothing for the following Medicare-covered services: • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) • Eyeglasses or contact lenses after cataract surgery	Referral required for Medicare-covered vision services. Authorization required for some Medicare-covered vision services.
	You pay nothing for the following supplemental vision services: • Routine eye exam (1 every year) • One (1) pair of eyeglasses (lenses and frames or lenses) or contact lenses every year	No referral or authorization required for supplemental vision services. **Our plan pays up to $400 every year for eyewear.**

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Mental Health Services	You pay nothing for the following services: • Outpatient group therapy visit • Outpatient individual therapy visit You pay the following for inpatient stays: • $80 copay per day for days 1 through 6 • $0 copay per day for days 7 through 90 • $0 copay per day for "lifetime reserve days" 91 through 150	No referral or authorization required for outpatient mental health services. Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period starts the day you go into a hospital or skilled nursing care. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. Our plan covers 90 days each benefit period. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Authorization required for inpatient stays.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Skilled Nursing Facility (SNF)	You pay nothing for SNF stays for days 1 through 100.	Our plan covers up to 100 days in a benefit period. A benefit period starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. No prior hospital stay is required. Referral and authorization required.
Physical Therapy	You pay nothing for physical therapy services.	Referral required.
Ambulance	You pay $50 copay for one-way or round-trip ambulance services.	
Transportation	You pay nothing for up to 24 round trips to plan-approved locations every year.	Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.
Medicare Part B Drugs	You pay nothing for chemotherapy and other Part B drugs.	Some Medicare Part B drugs require authorization.

Premiums and Benefits	PHP (HMO SNP)		What You Should Know
Cost Sharing for Deductible, Initial Coverage, and Catastrophic Coverage Phases			
Deductible Stage	For tiers 1 through 4, you pay the full cost of your drugs until you reach $615. There is no deductible for covered insulin products.		This stage begins when you fill your first prescription in the year. There is no cost sharing for tier 5 drugs. You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.
Initial Coverage Stage	**Network Retail Pharmacy One-Month (30-Day) Supply**	**Network Retail Pharmacy Three-Month (100-Day) Supply**	After you pay your yearly deductible, you pay coinsurance for tier 1 through 4 drugs until your total out-of-pocket costs reach $2,100 for the calendar year. There is no cost sharing for tier 5 drugs. You won't pay more than $35 for a one-month supply, $70 for up to a two-month supply, or $105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.
Tier 1: Generic Drugs Insulins	You pay 15% $35 copay	You pay 15% $105 copay	
Tier 2: Preferred Brand Drugs Insulins	You pay 22% $35 copay	You pay 22% $105 copay	
Tier 3: Non-Preferred Brand Drugs	You pay 25%	You pay 25%	
Tier 4: Specialty Drugs Insulins	You pay 25% $35 copay	You pay 25% $105 copay	
Tier 5: Select Care Drugs	You pay nothing	You pay nothing	

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Catastrophic Coverage Stage	You pay nothing for your covered Part D drugs.	After your total out-of-pocket costs reach $2,100 for the calendar year, you enter the catastrophic coverage stage. You stay in this stage through the end of the calendar year.
Cost sharing may change depending on the pharmacy you choose and when you enter another stage of the Part D benefit. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost sharing as an in-network pharmacy. For more information on the stages of the benefit, please call us or see our Evidence of Coverage on our website at www.php-ca.org/for-members/publications. **If you receive "Extra Help" from Medicare to pay for your prescription drug costs, the above Part D cost sharing information does not apply to you. Please call us for more information.**		
Additional Benefits		
Acupuncture	You pay nothing for up to two (2) acupuncture visits per month.	Referral required.
Chiropractic Services	You pay nothing for Medicare-covered chiropractic services.	Our plan covers only manual manipulation of the spine to correct subluxation. Referral required.
Durable Medical Equipment (DME) and Supplies	You pay nothing for covered DME and medical supplies.	Authorization required.
Foot Care *(Podiatry Services)*	You pay nothing for the following Medicare-covered podiatry services: • Foot exams and treatment • Routine foot care	Referral required. Certain podiatric procedures require authorization.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Fitness Benefit	You pay nothing for a gym membership at one of the following: • 24 Hour Fitness • LA Fitness/Esporta Fitness • AHF Fitness Center	
Home and Bathroom Safety Devices and Modifications	You pay nothing for home and bathroom safety devices and modifications.	Benefit includes, but is not limited to, temporary ramps over stairs, grab bars, shower chairs, high rise toilets or toilet seats, bed rails, etc. as necessary, and minor home modifications to have covered items installed and/or doorways widened. Referral and authorization required. **Benefit is limited to $5,000 per year.**
In-Home Support Services (IHSS)	You pay nothing for up 16 hours a week of IHSS for up to two (2) weeks.	IHSS is available to members after discharge from an acute hospital or skilled nursing facility. IHSS include the following non-medical personal care and domestic services: bathing, grooming and dressing assistance, bowel and bladder care, accompaniment to medical appointments, light housecleaning, meal preparation, laundry, and grocery shopping. Referral and authorization required.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Meal Benefit	You pay nothing for up to two (2) meals per day for up to 28 days (56-meal limit per year).	Meal benefit is available to members post-inpatient discharge from an acute hospital or skilled nursing facility and members who have a chronic condition or other medical condition that prevents leaving the home to grocery shop. Meals may be provided in multiple increments through the year up to the 56-meal limit for the year. Authorization required.
Over-the-Counter (OTC) Pharmacy Items	You pay nothing for up to $550-worth of OTC pharmacy (non-prescription drug) items such as vitamins, fiber supplements, first aid supplies, sunscreen, tooth brushes and pastes, cold medication, antacids, and more.	
Special Supplemental Benefits for the Chronically Ill (SSBCI) *The benefits mentioned here are a part of special supplemental program for the chronically ill. Not all members qualify.*	You pay nothing for up to two (2) one (1)-hour therapeutic massages per month. You pay nothing for up to two (2) diabetic meals per day. You pay nothing for up to two (2) low-sodium meals per day.	Therapeutic massage benefit is available to members who have been diagnosed with AIDS-related neuropathy. Referral and authorization required. Diabetic meal benefit is available to members who have been diagnosed with diabetes. Referral and authorization required. Low-sodium meal benefit is available to members who have been diagnosed with congestive heart failure (CHF). Referral and authorization required.

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued)	You pay nothing for pest control services.	Pest control services are available to members who have been diagnosed with asthma or chronic pulmonary conditions and live in a residence that is infested with cockroaches, mice or rats. Referral and authorization required. **Benefit is limited to $1,000 per year.**
	You pay nothing for air filter device(s) and filter replacements	Air filters and filter replacements are available to members who have been diagnosed with asthma or chronic pulmonary conditions and live in an environment whose air quality contributes to asthma and breathing problems. Referral and authorization required. **Benefit is limited to $200 per year.**
	You pay nothing for laundry service.	Laundry service is available to members who need daily living assistance and hygiene support and are unable to do their own laundry. Authorization required. **Benefit is limited to $156 per month.**

Premiums and Benefits	PHP (HMO SNP)	What You Should Know
Special Supplemental Benefits for the Chronically Ill (SSBCI) (continued)	You pay nothing for unlimited transportation.	Transportation is available to members who have a medical plan of care for complex diagnoses such as cancer, end-stage renal disease, mental illness/cognitive impairment, wound management, etc. that requires multiple and frequent transportation to and from providers and facilities. Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.

PHP has a network of doctors, hospitals, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as large print or audio.

For more information, please call us at 1-800-263-0067, 8:00 a.m. to 8:00 p.m., seven days a week. TTY users call 711. Or visit us at www.php-ca.org.


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