



## Non-Discrimination Notice

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

Under Washington law, people have a right to be free from discrimination because of race, creed, color, national origin, sex, veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.

Community Health Plan of Washington:

- Provides free assistance 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 the Customer Service (1-800-942-0247).

If you believe that Community Health Plan of Washington 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: Appeals and Grievances Department, by mail at 1111 3rd Avenue, Suite 400, Seattle WA 98101, by phone at 1-800-942-0247 (TTY: 711), by fax at 206-613-8984, or by email at [appealsgrievances@chpw.org](mailto:appealsgrievances@chpw.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department 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, 800-537-7697 (TDD).

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

# Multi-Language Insert

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language, at no additional cost.

**ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-942-0247 (TTY: 711).**

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-942-0247 (TTY: 711).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-942-0247 (TTY: 711).

**繁體中文 (Chinese) 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-942-0247 (TTY: 711)。

**Af Soomaali (Somali) DIGTOONI:** Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqadda, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-800-942-0247. (TTY: 711).

**Русский (Russian) ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-942-0247 (телетайп: 711).

**(Arabic) العربية ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-942-0247 (طابعة هاتفية: 711).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚኒተላው ቁጥር ይደውሉ 1-800-942-0247 (መስማት ለተሳናቸው: 711)።

**(Dari) توجه برای دری** اگر به زبان دری صحبت می کنید، خدمات مساعدت زبان، طور رایگان برای شما موجود می باشد. با شماره 1-800-942-0247 (TTY: 711) تماس بگیرید.

**ትግርኛ (Tigrinya) ምልክታ:** ትግርኛ ትዛረብ ተኸይንካ ኣገልግሎት ኣገዝ ቋንቋ ንዓኽ ብናጻ ይርከብ። ደውል 1-800-942-0247 (TTY: 711)።

**ဗမာ (Burmese) သတိပြုရန် - အကယုၤၤ သွၤသွၤ ပျံမနွၢ်စကား ကို ဝေ့ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံကု စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-800-942-0247 (TTY: 711) သို့မူ ဝေ့ဆို့ပါ။**

**ਪੰਜਾਬੀ (Panjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-942-0247 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-942-0247 (TTY: 711) 번으로 전화해 주십시오.

**(Farsi) فارسی توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای تماس بگیرید. 1-800-942-0247 (TTY: 711) شما فراهم می باشد. با

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-942-0247 (телетайп: 711).

**ភាសាខ្មែរ (Khmer) កត់ចំណាំ:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាមិនគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរស័ព្ទមកលេខ 1-800-942-0247 (TTY: 711)។