

NOTICE TO THE PUBLIC

NON-DISCRIMINATION STATEMENT AND ACCESSIBILITY REQUIREMENTS

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente) and The Maryland Department of Health (the Department) comply with applicable Federal civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

Kaiser Permanente upon request:

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, such as, but not limited to:
- Qualified sign language interpreters
- Writing information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides **NO COST, FREE** language services to people whose primary language is not English, such as, but not limited to:
- Qualified interpreters
- Information written in other languages

If you need these services, please contact the Department's health program, service, local health department or health insurance marketplace directly.

If you believe that the Department 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: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785 or The Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU), 201 West Preston Street, Room 422, Baltimore, Maryland 21201, 410-767-6600 (Voice) 410-333-5337 (Fax), mdh.oeop@maryland.gov (email). Deaf and hard of hearing individuals may use MD Relay 7-1-1.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, staff are 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/smartscreen/main.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, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

Language Accessibility Statement

If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-855-249-5019** (TTY: **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-855-249-5019** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-855-249-5019** (TTY: **711**).

Bàsɔ̀̀ Wùdù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tson ni son, nin ma kénngén yé, mbi èyem. Wò nàñ **1-855-249-5019** (TTY: **711**)

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-855-249-5019** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-855-249-5019** (TTY: **711**) (تلفن متنی) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-855-249-5019** (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-855-249-5019** (TTY: **711**) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-855-249-5019** (TTY: **711**).

Igbo (Igbo) TINYE UCHE: O bụrụ na i na-asụ Igbo, Oṣụ enyemaka nke asụsụ gụnyere udi enyemaka na oṣụ kwesiri ekwesị, n'efu, di nye gi. Kpọọ **1-855-249-5019** (TTY: **711**).

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-855-249-5019** 로 전화해 주세요 (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-855-249-5019** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-855-249-5019** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-855-249-5019** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-855-249-5019** (TTY: **711**).

اردو (Urdu) توجه: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں **1-855-249-5019** (TTY: **711**)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-855-249-5019** (TTY: **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá n sọ èdè Yorùbá, àwọn isẹ̀ ìrànlowọ̀ èdè tó fí kún àwọn ohun èlò ìrànlowọ̀ tó yẹ àti àwọn isẹ̀ láísí ìdíyelé wà fún ọ. Pe **1-855-249-5019** (TTY: **711**).