



## Nondiscrimination notice

Discrimination is against the law. UnitedHealthcare Community Plan follows State and Federal civil rights laws. UnitedHealthcare Community Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

UnitedHealthcare Community Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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 UnitedHealthcare Community Plan between 7 a.m. –7 p.m. PST, Monday–Friday, except State holidays by calling **1-866-270-5785**. If you cannot hear or speak well, please call TTY **711**. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

UnitedHealthcare Community Plan of California  
4365 Executive Drive, Suite 500  
San Diego, CA 92121  
**1-866-270-5785, TTY 711**

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## How to file a grievance

If you believe that UnitedHealthcare Community Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with UnitedHealthcare Community Plan’s Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact UnitedHealthcare Community Plan’s Civil Rights Coordinator between 7 a.m.–7 p.m. PST, Monday–Friday, except State holidays by calling **1-866-270-5785**. If you cannot hear or speak well, please call **711**.
- **Electronically:** Email: **[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)**

Send with all notices:

- **In writing:** Fill out a complaint form or write a letter and send it to:  
Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130
- **In person:** Visit your doctor's office or UnitedHealthcare Community Plan of California at the address below and say you want to file a grievance.  
UnitedHealthcare Community Plan of California  
4365 Executive Drive, Suite 500  
San Diego, CA 92121

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### **Office of Civil Rights – California Department of Health Care Services**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**.  
If you cannot speak or hear well, please call **711** (Telecommunications Relay Service).
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.
- **In writing:** Fill out a complaint form or send a letter to:  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Complaint forms are available at: [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

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### **Office of Civil Rights – U.S. Department of Health and Human Services**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**.  
If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- **In writing:** Fill out a complaint form or send a letter to:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

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## English

ATTENTION: If you need help in your language call 1-866-270-5785 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-866-270-5785 (TTY: 711). These services are free of charge.

## الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-866-270-5785

(TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل بـ 1-866-270-5785

(TTY: 711). هذه الخدمات مجانية.

## Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-866-270-5785 (TTY՝ 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-866-270-5785 (TTY՝ 711): Այդ ծառայություններն անվճար են:

## 简体中文标语 (Chinese)

请注意：如果您需要以您的语言获得帮助，请致电 1-866-270-5785 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和大字体文件。请致电 1-866-270-5785 (TTY: 711)。这些服务都是免费的。

## ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-866-270-5785 (TTY 711)

ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-866-270-5785 (TTY 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

## हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-866-270-5785 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-866-270-5785 (TTY: 711) पर कॉल करें। ये सेवाएं नि:शुल्क हैं।

**Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-866-270-5785 (TTY 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntwav su thiab luam tawm ua tus ntwav loj. Hu rau 1-866-270-5785 (TTY 711). Cov kev pab cuam no yog pab dawb xwb.

**日本語表記 (Japanese)**

注意：日本語での対応が必要な場合は 1-866-270-5785 (TTY 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-866-270-5785 (TTY 711)へお電話ください。これらのサービスは無料で提供しています。

**한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-866-270-5785 (TTY 711)번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-866-270-5785 (TTY 711)번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**ແທກວາຍພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-866-270-5785 (TTY: 711). ພ້ອມຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ ນອກສານທີ່ເປັນອັກສອນ ມາດຕະຖານໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-866-270-5785 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

**Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-866-270-5785 (TTY 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-866-270-5785 (TTY 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

**ប្រជាភាសាខ្មែរ (Cambodian)**

ចំណាំ: បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-866-270-5785 (TTY 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរធំសម្រាប់ជនពិការភ្នែក ឬឯកសារជាអក្សរពុម្ពធំក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-866-270-5785 (TTY 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

## مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (TTY 711) 1-866-270-5785 تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-866-270-5785 (TTY 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-866-270-5785 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-866-270-5785 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

## Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-866-270-5785 (TTY 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-866-270-5785 (TTY 711). Estos servicios son gratuitos.

## Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-866-270-5785 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-866-270-5785 (TTY: 711). Libre ang mga serbisyong ito.

## แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-866-270-5785 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-866-270-5785 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

## Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-866-270-5785 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-866-270-5785 (TTY: 711). Ці послуги безкоштовні.

## Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-866-270-5785 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-866-270-5785 (TTY: 711). Các dịch vụ này đều miễn phí.