**Anti-Discrimination Notice as defined in Section 1557 of the Affordable Care Act of 2010**

**English**

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

  Provider Partners Health Plan:

  • 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 Raquel Chapman

If you believe that Provider Partners Health Plan 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: Raquel Chapman, Corporate Compliance Director, Provider Partners Health Plan, 1922 Greenspring Drive, Suite 6, Timonium, MD 21903, 1-800-405-9681, (TTY-711), Fax-1-866-819-4774, rchapman@tributehealthplans.com.. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Raquel Chapman, Corporate Compliance Director 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>.

**Multi-Language Insert**

**English**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-405-9681 (TTY: 711).

**Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-405-9681 (TTY: 711).

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-405-9681 (ATS : 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1-800-405-9681（TTY：711).

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-405-9681 (TTY: 711) 번으로 전화해 주십시오.

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-405-9681 (TTY: 711).

**Igbo asusu (Ibo)**

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-405-9681 (TTY: 711).

**èdè Yorùbá (Yoruba)**

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-405-9681 (TTY: 711).

**Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-405-9681 (TTY: 711).

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-405-9681 (телетайп: 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 1-800-405-9681 (TTY: 711).

**Italiano (Italian)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-405-9681 (TTY: 711).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-405-9681 (TTY: 711) पर कॉल करें।

**λληνικά (Greek)**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-405-9681 (TTY: 711).

لعربية **(Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-405-9681 (رقم هاتف الصم والبكم: -711).

**دُو** **(Urdu)**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-800-405-9681 (TTY: 711).