



Provider Partners Health Plans 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 Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Provider Partners Health Plans:

- 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 1-800-405-9681. We are open 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday from April 1 through September 30. TTY users should call 711.

If you believe that Provider Partners Health Plans 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:

Provider Partners Health Plan  
c/o Compliance Officer  
785 Elkridge Landing Road, Suite 300  
Linthicum Heights, MD 21090  
Phone: (410) 424-0772  
Fax: 844-230-3197

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievance 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, 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>

## ENGLISH

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

## SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-405-9681 (TTY: 711).

## CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨1-800-405-9681 (TTY: 711)。

## KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-800-405-9681 (TTY: 711)로 연락주시기 바랍니다.

## VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-800-405-9681 (TTY: 711).

## FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-800-405-9681 (TTY: 711).

## TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-800-405-9681 (TTY: 711).

## RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-800-405-9681 (телетайп: 711).

## AMHARIC

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በኮሌ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-405-9681 (መስማት ለተሳናቸው: 711)።

## KRU (Bassa)

Dè dɛ nìà kɛ dyédɛ gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò b̄éin m̄ gbo kpáa. Đá 1-800-405-9681 (TTY:711)

## IBO

Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-800-405-9681 (TTY: 711).

## YORUBA

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-800-405-9681 (TTY: 711).

## URDU

آپ مفت، خدمات معاونت زبان، ہیں بولتے انگریزی آپ اگر توجہ وائی ٹی ٹی کریں کال 1-800-405-9681 - ہیں دستیاب کو 711) -

## FARSI

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت. تماس بگیریید. 1-800-405-9681 (TTY: 711) با شماره

## FRENCH

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-405-9681 (TTY: 711).

## CREOLE

## PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-405-9681 (TTY: 711).

## ARABIC

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية (الهاتف النصي): 1-800-405-9681 مجانًا من أجلك. اتصل بالرقم (711).

## GUJARATI

યુના: જો તમે જરાતી બોલતા હો, તો િન: લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-800-405-9681 (TTY: 711).

## Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-405-9681 (TTY 711).