

Notice of Non-Discrimination

Healthfirst Medicare Plan complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on race, color, national origin, age, disability, or sex.

Healthfirst Medicare 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, and 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 believe that **Healthfirst Medicare 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 the Grievance Coordinator or Civil Rights Coordination team below.

If you need these services, please contact our Civil Rights Coordination team:

- **Mail:** Healthfirst Medicare Plan, Member Services, P.O. Box 5165, New York, NY 10274-5165
- **Phone:** 1-866-305-0408 (for TTY/TDD services, call 1-888-542-3821)
- **Fax:** 1-212-801-3250
- **In person:** 100 Church Street, New York, NY 10007
- **Email:** Contact Healthfirst via email by submitting an inquiry or grievance at <http://healthfirst.org/members/contact/>.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordination Team is available to help you.

You may also contact Member Services at **1-866-305-0408 (for TTY/TDD services, call 1-888-542-3821)** and they will direct your concern to the Nondiscrimination Grievance Coordinator.

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
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
1-800-368-1019, 1-800-537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408, TTY/TDD: 1-888-867-4132.

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1-866-305-0408，
TTY/TDD: 1-888-542-3821。

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم العناية بالعملاء 1-866-305-0408
(لخدمات الهاتف النصي/جهاز التواصل عن بعد للصم، اتصل برقم 1-888-542-3821).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-305-0408,
TTY/TDD: 1-888-542-3821 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-866-305-0408, телетайп: 1-888-542-3821.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-305-0408, TTY/TDD: 1-888-542-3821.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-866-305-0408, TTY/TDD: 1-888-542-3821.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele 1-866-305-0408, TTY/TDD: 1-888-542-3821.

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.
רופט 1-866-305-0408 :TTY/TDD 1-888-542-3821.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer 1-866-305-0408, TTY/TDD: 1-888-542-3821.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-305-0408, TTY/TDD: 1-888-542-3821.

দৃষ্টি আকর্ষণ: যদি আপনি বাংলায় কথা বলেন তাহলে বিনামূল্যে ভাষা বিষয়ক সহায়তা আপনার জন্য উপলব্ধ রয়েছে। গ্রাহক সেবায় 1-866-305-0408 (TTY/TDD পরিষেবার জন্য, 1-888-542-3821 নম্বরে ফোন করুন) নম্বরে ফোন করুন।

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.
Telefononi në 1-866-305-0408, TTY/TDD: 1-888-542-3821.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-305-0408, Γραφομηχανή τηλεφώνου (TTY) / Συσκευή τηλεπικοινωνιών για κωφούς (TDD): 1-888-542-3821.

توجہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کسٹمر کیئر سے گفتگو کرنے کے لئے اس نمبر (1-866-305-0408) پر اور TTY/TDD کے لئے (1-888-542-3821) پر رابطہ کریں۔