



## NOTICE OF NON-DISCRIMINATION

Central Health Medicare Plan (CHMP) complies with applicable Federal and State laws and does not discriminate or exclude on the basis of race, color, national origin, age, mental or physical disability, sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CHMP provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreter and Written information in other formats (large print, braille, audio or other accessible electronic formats). We also provide free language services to people whose primary language is not English, such as: Qualified interpreter and Information in other languages.

If you need these services, contact CHMP at 1-866-314-2427 (TTY: 711). Our Member Services team is here to help in your preferred language, 8 a.m. – 8 p.m. PST, 7 days a week from October 1 – March 31 and Monday – Friday from April 1 – September 30.

### HOW TO FILE A GRIEVANCE

If you believe CHMP has failed to provide these services or discriminated you on any of the unlawful basis identified above, you can file a grievance by calling, faxing, e-mailing, or mailing a letter to:

Central Health Medicare Plan, ATTN: Medicare Appeals & Grievances  
PO BOX 22816  
Long Beach, CA 90801-5816  
**Phone:** 1-866-314-2427 (TTY: 711) **Fax:** 1-626-388-2361  
**Email:** memberservices@centralhealthplan.com

### **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
- **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 PO 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)  
Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

### **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**

If you believe you were discriminated based on race, color, national origin, sex, age, or disability you can file a civil rights complaint with HHS, Office for Civil Rights by phone, in writing, or electronically:

U.S. Department of Health and Human Services 200 Independence Avenue, SW  
Room 509F, HHH Building Washington D.C. 20201  
Phone: **1-800-368-1019**, TTY: **1-800-537-7697**  
Electronically: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>