



## Notice of Non-Discriminatory Practices

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

BayCare Health Plans:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Qualified interpreter services
- o Written information in other formats

Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreter services
- o Information written in other languages

If you need these services, contact Customer Service at (866) 509-5396 (TTY: 711).

If you believe that BayCare 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:

### Section 1557 Compliance Coordinator

ATTN: Discrimination Grievance

BayCare Health Plans

P.O. Box 17500

Clearwater, FL 33762

Email: [BCPlus1557@BayCare.org](mailto:BCPlus1557@BayCare.org)

You must file a grievance using the prescribed form in writing by mail, fax, or email. You may request a form and instruction on how to file a grievance from the Coordinator at the contact information above.

If you need help filing a grievance, the Compliance Coordinator 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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BayCare Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Health Plans depends on contract renewal.

**ENGLISH: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call (866) 509-5396 (TTY: 711).

**SPANISH: ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (866) 509-5396 (TTY: 711).

**FRENCH CREOLE: ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (866) 509-5396 (TTY: 711).

**VIETAMESE: CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (866) 509-5396 (TTY: 711).

**PORTUGUESE: ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (866) 509-5396 (TTY: 711).

**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(866) 509-5396 (TTY: 711)。

**FRENCH: ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (866) 509-5396 (ATS : 711).

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa (866) 509-5396 (TTY: 711).

**RUSSIAN: ВНИМАНИЕ!** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру (866) 509-5396 (телетайп: 711).

**ARABIC: ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم (هاتف الصم والبكم: 711) (866) 509-5396

**ITALIAN: ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (866) 509-5396 (TTY: 711).

**GERMAN: ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter (866) 509-5396 (TTY: 711).

**KOREAN: 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (866) 509-5396 번 (TTY: 711 번)으로 전화하십시오.

**POLISH: UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (866) 509-5396 (TTY: 711).

**GUJARATI: સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (866) 509-5396 (TTY: 711).

**THAI: เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (866) 509-5396 (TTY: 711).