



NONDISCRIMINATION NOTICE

Discrimination is against the law. Inland Empire Health Plan (IEHP) follows State and Federal civil rights laws. IEHP does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

IEHP provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact IEHP Member Services at **1-800-440-IEHP (4347)**, Monday–Friday, 7am–7pm, and Saturday–Sunday, 8am–5pm, including holidays. If you cannot hear or speak well, please call **1-800-718-4347**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Inland Empire Health Plan
10801 6th St., Rancho Cucamonga, CA
91730-5987
1-800-440-4347 (TTY: **1-800-718-4347**/California Relay 711)

HOW TO FILE A GRIEVANCE

If you believe that IEHP has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with IEHP's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact IEHP's Civil Rights Coordinator between 8am-5pm, by calling **1-800-440-4347**. Or, if you cannot hear or speak well, please call TTY: **1-800-718-4347**/California Relay 711.
- In writing: Fill out a complaint form or write a letter and send it to:
 - IEHP's Civil Rights Coordinator
 - 10801 6th St., Rancho Cucamonga, CA
 - 91730-5987

- In person: Visit your doctor's office or IEHP and say you want to file a grievance.
- Electronically: Visit IEHP's website at www.iehp.org.

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 (Telecommunications Relay Service).
- 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
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

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

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



禁止歧視聲明

歧視是違法行為。Inland Empire Health Plan (IEHP) 遵守州及聯邦民權法的規定。IEHP 不會因為生理性別、種族、膚色、宗教、血統、原國籍、族群認同、年齡、心理殘疾、身體殘疾、醫療病症、基因資訊、婚姻狀態、社會性別、性別認同或性傾向而非法歧視、排除任何人或給予差別待遇。

IEHP 提供：

- 針對殘疾人士的免費輔具與服務，以協助他們更有效地溝通，例如：
 - ✓ 合格手語翻譯員
 - ✓ 其他格式的書面資訊 (大字版、語音版、無障礙電子格式、其他格式)
- 針對非英語母語人士的免費語言服務，例如：
 - ✓ 合格口譯員
 - ✓ 其他語言版本的書面資訊

如果您需要這些服務，請致電 **1-800-440-IEHP (4347)** 與 IEHP 會員服務部聯絡，服務時間為週一至週五，上午 7 時至晚上 7 時，週六至週日，上午 8 時至下午 5 時，包括節假日。如果您有聽力或言語障礙，請致電 **1-800-718-4347**。我們可應要求為您提供本文件的盲文版、大字版、錄音帶或電子格式。如欲取得上述其中一種替代格式的副本，請致電或寫信至：

Inland Empire Health Plan

10801 6th St., Rancho Cucamonga, CA

91730-5987

1-800-440-4347 (TTY 使用者專線： **1-800-718-4347**/加州中繼服務 711)

如何提出申訴

如果您認為 IEHP 沒有提供這些服務，或因為生理性別、種族、膚色、宗教、血統、原國籍、族群認同、年齡、心理殘疾、身體殘疾、醫療病症、基因資訊、婚姻狀態、社會性別、性別認同或性傾向而有其他非法歧視行為，您可以向 IEHP 的民權協調員提出申訴。您可以透過電話、書面方式、親自辦理的方式或電子方式提出申訴：

- 透過電話：請於上午 8 時至下午 5 時致電聯絡 IEHP 的民權協調員，電話 **1-800-440-4347**。

如果您有聽力或言語障礙，請致電 TTY 使用者專線： **1-800-718-4347**/加州中繼服務 711。

- 書面方式：填寫投訴表或寫信並寄送至：

IEHP's Civil Rights Coordinator

10801 6th St., Rancho Cucamonga, CA

91730-5987

- 親自辦理：前往您醫生的診所或 IEHP，表明您想提出申訴。
- 電子方式：前往 IEHP 網站，網址 www.iehp.org。

民權辦公室 – 加州醫療保健服務部

您也可以透過電話、書面方式或電子方式向加州醫療保健服務部民權辦公室提出民權投訴：

- 透過電話：請致電 **(916) 440-7370**。如果您有言語或聽力障礙，請致電 711 (電信中繼服務)。
- 書面方式：填寫投訴表或寄信至：

Deputy Director, Office of Civil Rights Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

投訴表可在網站取得，網址 https://www.dhcs.ca.gov/Pages/Language_Access.aspx。

- 電子方式：傳送電子郵件至 CivilRights@dhcs.ca.gov。

民權辦公室 – 美國衛生與公眾服務部

如果您認為自己因為種族、膚色、原國籍、年齡、殘疾或性別而遭到歧視，您也可以透過電話、書面方式或電子方式向美國衛生與公眾服務部民權辦公室提出民權投訴：

- 透過電話：請致電 **1-800-368-1019**。如果您有言語或聽力障礙，請致電 TTY/TDD 使用者專線 **1-800-537-7697**。
- 書面方式：填寫投訴表或寄信至：

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

投訴表可在網站取得，網址 <http://www.hhs.gov/ocr/office/file/index.html>。

- 電子方式：前往民權辦公室投訴入口網站，網址 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call **1-800-440-4347 (TTY: 1-800-718-4347)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-440-4347 (TTY: 1-800-718-4347)**. These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-800-440-4347 (TTY: 1-800-718-4347)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير. اتصل بـ **1-800-440-4347 (TTY: 1-800-718-4347)**. هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-440-4347 (TTY: 1-800-718-4347)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-800-440-4347 (TTY: 1-800-718-4347)**: Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-800-440-4347 (TTY: 1-800-718-4347)**។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-800-440-4347 (TTY: 1-800-718-4347)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-800-440-4347 (TTY: 1-800-718-4347)**。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 **1-800-440-4347 (TTY: 1-800-718-4347)**。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-800-440-4347 (TTY: 1-800-718-4347)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-800-440-4347 (TTY: 1-800-718-4347)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-800-440-4347 (TTY: 1-800-718-4347)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-800-440-4347 (TTY: 1-800-718-4347)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-440-4347 (TTY: 1-800-718-4347)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntwav su thiab luam tawm ua tus ntwav loj. Hu rau **1-800-440-4347 (TTY: 1-800-718-4347)**. Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1-800-440-4347 (TTY: 1-800-718-4347)** へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-800-440-4347 (TTY: 1-800-718-4347)** へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-800-440-4347 (TTY: 1-800-718-4347)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-800-440-4347 (TTY: 1-800-718-4347)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-800-440-4347 (TTY: 1-800-718-4347)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ໃຫ້ໂທຫາເບີ **1-800-440-4347 (TTY: 1-800-718-4347)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-800-440-4347 (TTY: 1-800-718-4347)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-800-440-4347 (TTY: 1-800-718-4347)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-800-440-4347** (TTY: **1-800-718-4347**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-800-440-4347** (TTY: **1-800-718-4347**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-440-4347** (линия TTY: **1-800-718-4347**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-800-440-4347** (линия TTY: **1-800-718-4347**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-800-440-4347** (TTY: **1-800-718-4347**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-440-4347** (TTY: **1-800-718-4347**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-440-4347** (TTY: **1-800-718-4347**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-440-4347** (TTY: **1-800-718-4347**). Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-440-4347** (TTY: **1-800-718-4347**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-440-4347** (TTY: **1-800-718-4347**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-440-4347** (TTY: **1-800-718-4347**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-440-4347** (TTY: **1-800-718-4347**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-440-4347** (TTY: **1-800-718-4347**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-800-440-4347** (TTY: **1-800-718-4347**). Các dịch vụ này đều miễn phí.