

Notice of Non-Discrimination
In Compliance with Section 1557 of the Affordable Care Act

Health Choice Arizona, Health Choice Generations, Health Choice Insurance Co., Health Choice Utah, IASIS Integrated Care, Health Choice Preferred, and Health Choice Integrated Care (Health Choice) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Choice:

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:

YoHance DeHorney, Grievance Manager/Civil Rights Coordinator
Address: 410 N. 44th Street, Ste. 900, Phoenix, AZ 85008
Phone: 480-760-4617
Fax: 480-760-4739
TTY: 711
E-mail: grievance_forms@iasishealthcare.com

If you believe that Health Choice 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:

YoHance DeHorney, Grievance Manager/Civil Rights Coordinator
Address: 410 N. 44th Street, Ste. 900, Phoenix, AZ 85008
Phone: 480-760-4617
Fax: 480-760-4739
TTY: 711
E-mail: grievance_forms@iasishealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, YoHance DeHorney, Grievance Manager/Civil Rights 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, 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>.



Multi-language Interpreter Services
as required by Section 1557 of the Affordable Care Act

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-358-8797 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-358-8797 (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 1-877-358-8797 (TTY: 711)。

(Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-358-8797 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-358-8797 (TTY: 711) 번으로 전화해 주십시오.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dééé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-877-358-8797 (TTY: 711).

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्त भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नु-होस् 1-877-358-8797(टिडिवाइ: 711) .

Tongan: FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-877-358-8797 (TTY: 711)

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-358-8797 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-358-8797(TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-358-8797 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-358-8797 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-358-8797 رقم 711

هاتف الصم والبكم: (Arabic):

Mon-Khmer, Cambodian: របៀប: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភាសា

និយមន័យភាសាខ្មែរ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-877-358-8797(TTY: 711)។

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-358-8797 (ATS : 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-358-8797 (TTY: 711) まで、お電話にてご連絡ください。