

Anti-Discrimination Notice and Multi-Language Interpreter

American Health Advantage of Indiana (HMO I-SNP), offered by American Health Advantage of Indiana, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. American Health Advantage of Indiana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

American Health Advantage of Indiana

- 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 American Health Advantage of Indiana Member Services.

If you believe that American Health Advantage of Indiana 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: American Health Advantage of Indiana, ATTN: Member Grievances, 201 Jordan Road, Suite 200, Franklin, TN 37067, telephone: 1-844-657-0447 (TTY/TDD 833-312-0046) 8:00 A.M. to 8:00 P.M., seven (7) days a week, October 1 through March 31; 8:00 A.M. to 8:00 P.M., Monday to Friday, April 1 through September 30, fax: 1-844-280-5360, email: Compliance@AmHealthPlans.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, American Health Advantage of Indiana Member Services 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>.

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English

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-844-657-0447 (TTY/TDD: 833-312-0046).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-657-0447 (TTY/TDD: 833-312-0046).

العربية (Arabic)

0447-657-844-1 دعانا، متاحة لك. مجاناً، خدمات المساعدة اللغوية، محدودة، تتحدثنا بالإنجليزية. إذا كنت (TTY/TDD: 833-312-0046).

繁體中文 (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 1-844-657-0447 (TTY/TDD: 833-312-0046)。

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- 844-657-0447 (TTY/TDD: 833-312-0046).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-657-0447 (TTY/TDD: 833-312-0046)번으로 전화해 주십시오.

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-657-0447 (ATS : 833-312-0046).

Lao (Lao)

0046).

ທ່ານ ແມ່ນ ອາວຸທານ ສາມາດ ຈັດ ຈາກ ດ, ການ ບໍ່ ຈາກ ການ ຈັດ
ທ່ານ ມີ ທ່ານ. ໂທ 1-844-657-0447 (TTY/TDD: 833-312- ຈັດ ການ ຈາກ, ໂດຍ ບໍ່ ຈາກ ຈາກ ຈາກ,

ጅርመንኛ (Amharic)

ትኩረት:- ጅርመንኛ ከተናገርክ የቋንቋ እርዳታ አገልግሎት በነፃ ማግኘት ትችላለህ። ስልክ 1-844-657-0447 (TTY/TDD 833-312-0046).

Deutsch (German)

ACHTUNG: Wenn Sie nur begrenzt Englisch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Rufen 1-844-657-0447 (TTY/TDD: 833-312-0046)

ગુજરાતી (Gujarti)

ધ્યાન: જો તમે *ે+ય બોલો છો, તો ભાષા સહાય સેવાઓ ીન:શુ:ક આપવામાં આવે છે. 1-844-657-0447 પર કોલ કરો (ટીટીવાય: 833-312-0046).



日本語 (Japanese)

注意:限られた英語を話す場合、無料で語学支援サービスを利用できます。 呼び出し 1-844-657-0447 (TTY/TDD: (833-312-0046).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-657-0447 (TTY/TDD: (833-312-0046).

िहंदी (Hindi)

वे न दफ: यदि आप सीयेमत अंQे जी बोलत हX, तो भ ष सह ित स व ँं, येन: शु, आपक येलए उपलब हX। पुक र 1-844-657-0447 (TTY/TDD: (833-312-0046).

Россия (Russia)

ВНИМАНИЕ: Если вы ограниченно говорите по-английски, вам предоставляются бесплатные услуги языковой помощи. 1-844-657-0447 (TTY/TDD: (833-312-0046).

افرسی)Farsi(

وتجه اگر شما به زبان نلگیسی دود صحبت می نند، خدمات کمک به زبان، به صورت رای گن ردنسرش شما اس ا هستند (TTY/TDD: (833-312-0046).

0447-657-844-1

