

Non-Discrimination Statement and Accessibility Requirements

CareFirst BlueCross BlueShield Community Health Plan Maryland complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareFirst BlueCross BlueShield Community Health Plan Maryland does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareFirst BlueCross BlueShield Community Health Plan Maryland:

- 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 Member Services at 410-779-9369, or toll-free at 1-800-730-8530, 8 AM to 5 PM EST, Monday through Friday. TTY users should call 711.

If you believe that CareFirst BlueCross BlueShield Community Health Plan Maryland 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:

CareFirst BlueCross BlueShield Community Health Plan Maryland
c/o Appeals and Grievance Department
PO Box 915
Owings Mills, MD 21117
Phone: 410-779-9369 or toll-free at 1-800-730-8530
Fax: 1-844-329-0831

If you believe that the Maryland Department of Health 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: Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU), 201 West Preston Street, Room 422, Baltimore, Maryland 21201, 410-767-6600 (Voice) 410-333-5337 (Fax), mdh.oeop@maryland.gov (email). Deaf and hard of hearing individuals may use relay.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, EACU staff are available to help you.



You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievance Department 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>

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-730-8530 (TTY: 711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-730-8530 (TTY: 711).

CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨1-800-730-8530 (TTY: 711)。

KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-800-730-8530 (TTY: 711)로 연락주시기 바랍니다.

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-730-8530 (TTY: 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-800-730-8530 (TTY: 711).

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-800-730-8530 (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-800-730-8530 (телетайп: 711).

AMHARIC

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-730-8530 (መስማት ለተሳናቸው: 711)፡

KRU (Bassa)

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̩ [Bàsó ò -wùdù-po-nyò] jũ ní, n̩í, à wuɖu kà kò dò po-poò bé ìn m̩ gbo kpáa. Dá 1-800-730-8530 (TTY:711)

IBO

Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-800-730-8530 (TTY: 711).

YORUBA

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-730-8530 (TTY: 711).

URDU

زبان ،ہیں بولتے انگریزی آپ اگر :توجہ
1-800-730-8530 ہیں دستیاب کو آپ مفت ،خدمات معاونت
(وائی ٹی ٹی) کریں کال 711 ۔

FARSI

توجہ: چنانچہ بہ زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت.
تماس بگیرید. 1-800-730-8530 (TTY: 711) یا شماره

HAITIAN CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-730-8530 (TTY: 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-730-8530 (TTY: 711).

ARABIC

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً (الهاتف النصي: 711). 1-800-730-8530 من أهلك. اتصل بالرقم

GUJARATI

ધ્યાન આપો: જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, મફતમાં, તમારા માટે ઉપલબ્ધ છે
1-800-730-8530 (TTY: 711).



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