

# Notice of Non-Discrimination

## Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## WellCare Health Plans, Inc.:

\* 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 WellCare Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for WellCare.

If you believe that WellCare Health Plans, Inc., 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:

WellCare Health Plans, Inc., Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone - 1-866-530-9491; TTY number - 1-877-247-6272; Fax: 1-866-388-1769; [OperationalGrievance@wellcare.com](mailto:OperationalGrievance@wellcare.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

\* This Nondiscrimination Notice also applies to 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., and Easy Choice Health Plan, a WellCare company.

## **For Medicare Advantage Plans:**

### **English**

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-999-3945 (TTY 1-800-735-2929).

### **Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-999-3945 (TTY 1-800-735-2929).

### **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 1-866-999-3945 (TTY 1-800-735-2929)。

### **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 1-866-999-3945 (TTY 1-800-735-2929).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-999-3945 (TTY 1-800-735-2929) 번으로 전화해 주십시오.

### **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-999-3945 (TTY 1-800-735-2929).

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-999-3945 (TTY 1-800-735-2929).

### **العربية (Arabic)**

لذلك توافر ال لغوية المساعدة خدمات ف إن اللغة، اذكرت تحدث ك نت إذا بملاحظة 1-866-999-3945 (TTY 2929-735-800-1) ب رقم ات صل يد الامجان

### **Kreyòl Ayisyen (French Creole)**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-999-3945 (TTY 1-800-735-2929).

### **Polski (Polish)**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-999-3945 (TTY 1-800-735-2929).

**Português (Portuguese)**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-999-3945 (TTY 1-800-735-2929).

**Italiano (Italian)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-999-3945 (TTY 1-800-735-2929).

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-999-3945 (TTY 1-800-735-2929).

**日本語 (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。1-866-999-3945 (TTY 1-800-735-2929) まで、お電話にてご連絡ください。

**H5087\_CA030494\_WCM\_WEB\_ENG Approved 10/4/2016**