

NONDISCRIMINATION NOTICE

Discrimination is against the law. Access Dental Plan follows State and Federal civil rights laws. Access Dental Plan 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.

Access Dental Plan provides:

- Free aids and services to people with disabilities to help them communicate better such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats [large print (no less than 20 point Arial font), audio, accessible electronic formats, other formats]
- 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 Access Dental Plan between 8 a.m. – 5 p.m. Pacific Time Zone, Monday through Friday, by calling **1-877-821-3234** (Sacramento County) or **1-888-414-4110** (LA County). If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print (no less than 20 point Arial font), audio cassette, or electronic formats. To obtain a copy in one of these alternative formats, please call or write to:

Access Dental Plan
P.O. Box 38313
Phoenix, AZ 85069
1-877-821-3234 (Sacramento County)
1-888-414-4110 (LA County)
TTY: 711

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HOW TO FILE A GRIEVANCE

If you believe that Access Dental Plan 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 Access Dental Plan's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

By phone: Contact Access Dental Plan's Civil Rights Coordinator between 8 a.m. – 5 p.m. Pacific Time Zone, Monday through Friday, by calling **1-877-821-3234** (Sacramento County) or **1-888-414-4110** (LA County), if you cannot hear or speak well, please call **TTY 711**.

- In writing: Fill out a complaint form or write a letter and send it to:
Civil Rights Coordinator
Access Dental Plan
P.O. Box 38313
Phoenix, AZ 85069
- In person: Visit your doctor's office or Access Dental Plan and say you want to file a grievance.
- Electronically: Visit Access Dental Plan at www.premierlife.com/camedicaid.

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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, and electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711**.
- 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 CARE 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 1-800-537-76977**.
- 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, DC 20201

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

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

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FEDERAL TRADE COMMISSION

ReportFraud.ftc.gov is the federal government's website where you can report fraud, scams, and bad business practices.

You can submit a report electronically with the Federal Trade Commission at <https://reportfraud.ftc.gov/#/assistant>.

English Tagline

ATTENTION: If you need help in your language call 1-888-414-4110 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-414-4110 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-414-4110 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-888-414-4110 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-414-4110 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք 1-888-414-4110 (TTY: 711): Այդ ծառայություններն անվճար են:

ក្រសួងសម្រាប់ជនមានការងារ (Cambodian)

ចំណាំ: បើអ្នកត្រូវការជំនួយជាភាសាបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-888-414-4110 (TTY: 711) ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុសសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ ។ ទូរស័ព្ទមកលេខ 1-888-414-4110 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-414-4110 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-888-414-4110 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-888-414-4110 (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-414-4110 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه میشوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपकी भाषा में सहायता की आवश्यकता है तो 1-888-414-4110 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता व सेवाएं, जैसे ब्रेल व बड़े प्रिंट में भी दस्तावेज उपलब्ध हैं। 1-888-414-4110 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-414-4110 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-414-4110 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-888-414-4110 (TTY: 711)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。1-888-414-4110 (TTY: 711) 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 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-414-4110 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-414-4110 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-414-4110 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່, ໃຫ້ໂທຫາເບີ 1-888-414-4110 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-414-4110 (TTY: 711). 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 1-888-414-4110 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-414-4110 (TTY: 711). ਅਪਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-414-4110 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-414-4110 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-414-4110 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-414-4110 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-414-4110 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-414-4110 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-414-4110 (TTY: 711). Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-414-4110 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-414-4110 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-414-4110 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-414-4110 (TTY: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-414-4110 (TTY: 711). 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 1-888-414-4110 (TTY: 711). Các dịch vụ này đều miễn phí.