COMMUNITY HEALTH PLAN
of Washington™
The power of community
INDIVIDUAL & FAMILY PLANS

Non-Discrimination Notice

Community Health Plan of Washington (CHPW) and its vendors and other contracted partners comply with all applicable federal, state, and local civil rights laws and do not discriminate, exclude, or treat people differently on the basis of race, color, national origin, ancestry, religion, sex, gender, marital status, age, sexual orientation, the presence of physical or mental disabilities, or any other reason(s) prohibited by law in its employment practices and or in the provision of health care services.

CHPW provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats, including large print, audio, accessible electronic formats, and others. CHPW also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these types of services, contact CHPW Customer Service at 1-866-907-1906 (TTY: 711) 8 a.m. to 5 p.m., Monday through Friday.

If you believe that CHPW has failed to provide these services, or has discriminated against you in another way, you can file a grievance. You may file a grievance in person or by mail, fax, or email to:

CHPW Civil Rights Coordinator
1111 3rd Ave, Suite 400
Seattle, WA 98101
Phone: 1-866-907-1906 (TTY: 711)
Fax: 206-613-8984
civil.rights@chpw.org

If you need help filing a grievance, contact the CHPW Civil Rights Coordinator to help you.

You can also file a complaint with the Office of Insurance Commissioner electronically at: insurance.wa.gov/file-complaint-or-check-your-complaint-status or by phone at: 1-800-562-6900.

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: ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F HHH Building, Washington, DC 20201
Phone: 1-800-368-1019 or for TDD 1-800-537-7697.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
For free language assistance services and auxiliary aids and services, call 1-866-907-1906 (TTY: 711).

Español (Spanish)
Para obtener servicios gratuitos de asistencia lingüística así como ayudas y servicios auxiliares, llame al 1-866-907-1906 (TTY: 711).

中文（简体) (Chinese)
如需免费的语言协助服务以及辅助工具和服务，请致电1-866-907-1906
(听障人士请拨打 TTY：711）。

Tiếng Việt (Vietnamese)
Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-866-907-1906 (TTY: 711).

한국인 (Korean)
무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-866-907-1906 (TTY: 711)로 문의해 주시기 바랍니다.

Русский (Russian)
Для получения бесплатных услуг языковой помощи а также вспомогательных средств и услуг, звоните по номеру 1-866-907-1906 (TTY: 711).

Tagalog
Para sa mga libreng serbisyo sa tulong sa wika at mga pantulong na kagamitan at serbisyo, tumawag sa 1-866-907-1906 (TTY: 711).

Українська (Ukrainian)
Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-866-907-1906 (TTY: 711).

ខ្មែរ (Mon-Khmer Cambodian)
សម្រាប់សេវាកម្មជំនួយផ្នែកភាសា និងឧបករណ៍ និងសេវាកម្មជំនួយដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅលេខ 1-866-907-1906 (TTY: 711)។

日本語 (Japanese)
言語サポートサービス（無料）および補助的な器具やサービスをご希望の方は、
1-866-907-1906 (TTY: 711) までお電話ください。

አማርኛ (Amharic)
ለ ለነጻ የቋንቋ እርዳታ አገልግሎቶች እንዲሁም ለአካል ጉዳተኞች እርዳታ እና አገልግሎቶች፣ ወደ 1-866-907-1906 (TTY: 711) ይደውሉ።

العربية (Arabic)
لتلقي خدمات المساعدة اللغوية المجانية والأدوات المساعدة والخدمات الإضافية، يرجى الاتصال على الرقم 1-866-907-1906 (الهاتف النصي TTY: اتصل على الرقم 711).

ਪੰਜਾਬੀ (Punjabi)
ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ, 1-866-907-1906 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German)
Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter
1-866-907-1906 (TTY: 711).

ພາສາລາວ (Laotian)
ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ,
ໃຫ້ໂທ 1-866-907-1906 (TTY: 711).

Cushite Afaan Oromoo
Tajaajiloota hiikkaa afaanii, fi namoota hanqina dubbachuu, arguu fi dhagahuu qabaniif deeggarsa dubbii, argaa fi dhageettii meeshaatiinii bilisaan argachuuf, gara 1-866-907-1906 (TTY: 711) tti bilbilaa.

ትግርኛ (Tigrinya)
ብነጻ ናይ ቋንቋ ሓገዝ አገልግሎት፣ ከምኡ'ውን ናይ ረድኤት ሓገዝን አገልግሎትን ንምርካብ ናብ
1-866-907-1906 (TTY፦ 711) ደውሉ።

Soomaali (Somali)
Si aad u hesho adeegyada caawinta luqadda bilaashka ah iyo qalabka iyo adeegyada kaalmada ah, wac 1-866-907-1906 (TTY: 711).

Français (French)
Pour bénéficier d'une assistance linguistique gratuite et d'aides et services auxiliaires,
appelez le 1-866-907-1906 (TTY : 711).

دری (Dari)
برای درخواست خدمات ترجمه رایگان، و کمک ها و خدمات پشتیبان مخصوص افراد ناتوان یا کم توان، با 1-866-907-1906 (TTY: 711) به تماس شوید.