

NOTICE OF NON-DISCRIMINATION

Hamaspik Medicare Choice complies with Federal civil rights laws. Hamaspik Medicare Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

Hamaspik Medicare Choice provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Hamaspik Medicare Choice at 888-426-2774. For TTY/TDD services, call 711.

If you believe that Hamaspik Medicare Choice has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Karl Dehm, Vice President, Compliance and Regulatory Affairs, by:

- Mail: 775 North Main Street, Spring Valley, NY 10977
- Phone: 888-426-2774. For TTY/TDD services, call 711.
- Fax: 845-503-1900
- In person: 775 North Main Street, Spring Valley, NY 10977
- Email: compliance@hamaspikchoice.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: 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>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

This notice is available at Hamaspik Medicare Choice's website: www.hamaspik.com