

Non-Discrimination Notice

Hamaspik Medicare Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hamaspik Medicare Select does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hamaspik Medicare Choice:

1. 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 (large print, accessible electronic formats, other formats).
2. 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 services, contact Hamaspik Medicare Choice's Member Services telephone number listed for your ID card. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY user should call 711.

If you believe that Hamaspik Medicare Choice 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 by calling the number on your ID card and telling them you need help filing a grievance. Hamaspik Medicare Select's Member Services is available to help you.

You can also send your grievance to:

Hamaspik Medicare Choice
Attn: Grievance and Appeals
Route 59, Suite 1
Monsey, NY 10952

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>. You can also file a grievance or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW, R
oom 509F, HHH Building, Washington, DC 20201, 1-800-368-1019
(TTY: 1-800-537-7697).
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Get Help in A Language You Understand

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-833-426-2774 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-426-2774 (TTY: 711).

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1-833-426-2774 (TTY: 711)。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-426-2774 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-426-2774 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-426-2774 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-426-2774 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-426-2774 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-426-2774 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-008-2926-964 (رقم هاتف الصم والبكم: 117).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-833-426-2774 (TTY: 711) पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-833-426-2774 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-833-426-2774 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-426-2774 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-833-426-2774 (TTY: 711).

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。1-833-426-2774 (TTY: 711) まで、お電話にてご連絡ください。

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৪৬৯-৬২৯২ (TTY: ৭১১)।

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔
کال کریں۔ 1-833-426-2774 (TTY: 711)۔

אויפּמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.
רופט 1-711(TTY: 1-833-426-2774)۔

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-833-426-2774 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-833-426-2774 (TTY: 711).