

Anti-Discrimination Notice and Multi-Language Interpreter Services

American Health Advantage of Utah (HMO I-SNP), offered by American Health Plan of Utah, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. American Health Advantage of Utah does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. American Health Advantage of Utah (HMO I-SNP):

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, audio, accessible electronic formats, other formats).

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 American Health Advantage of Utah Member Services.

If you believe that American Health Advantage of Utah (HMO I-SNP) 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: American Health Advantage of Utah, ATTN: Appeals & Grievances, 201 Jordan Road, Suite 200, Franklin, TN 37067, telephone: 1-855-521-0627 (TTY/TDD users call 833-312-0046) 8:00 A.M. to 8:00 P.M. seven days a week October 1 through March 31; Monday to Friday April 1 through September 30; fax: 1-844-280-5360; email: compliance@AmHealthPlans.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, American Health Advantage of Utah Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office or Civil Rights, electronically through the Office or 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 509 F, HHH Building Washington, D.C. 202201
1-800-368-1019, 800-537-7697 (TDD)

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



Disclaimers

English

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-855-521-0627 (TTY/TDD: 833-312-0046).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-521-0627 (TTY/TDD: 833-312-0046).

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 1-800-521-0627 (TTY/TDD: 833-312-0046)。

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 1-855-521-0627 (TTY/TDD: 833-312-0046).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-521-0627 (TTY/TDD: 833-312-0046)번으로 전화해 주십시오.

Diné Bizaad (Navajo)

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-855-521-0627 (TTY/TDD: 833-312-0046).

नेपाली (Nepali)

यान: ययद तपाईं सीयंमत अ/ं जी बो4नुह78छ भन, भाषा सहायता सवाह= यंन>श4०० क तपाईं क ो कल गनुमहोस् 1-855-521-लायंग उपलDध छन। 0627 (TTY/TDD: 833-312-0046).

Faka-Tonga (Tongan)

TOKANGA: Kapau 'oku fakangatangata pē ho' o lea faka-Pilitāniá, 'e lava ke ke ma' u atu ha tokoni ki he lea fakafonuá, ta'etotongi. Uiu'i 1-855-521-0627 (TTY/TDD: 833-312-0046).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-521-0627 (TTY/TDD: 833-312-0046).

العربية (Arabic)

ناتباه: إذا كنت تتحدث الإنجليزية محدودة, خدمات المساعدة اللغوية, مجاناً, متاحة لك. دعا 1-855-521-0627 (TTY/TDD: 833-312-0046).



ខ្មែរ (Cambodian - Khmer)

ចំនួន #បំណែង -បសិនបើអ្នកចុះលេខ 6៧៨១ អង្គការសេដ្ឋកិច្ច-
មិត្ត សំណួរ ៧៨១ មិនគិតថា & ឆ្លងប្រទេស - ប្រអប់ ទូរស័ព្ទ 1-855-521-
0627 (TTY/TDD: 833-312-0046).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-521-0627 (ATS : 833-312-0046).

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-
855-521-0627 (TTY/TDD: 833-312-0046) まで、お電話にてご連絡ください。

