

Discrimination is Against the Law

Blue Shield of California Promise Health Plan complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California Promise Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California Promise Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - 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
 - Information written in other languages

If you need these services, contact our Member Services Department at 1-800-605-2556 (TTY: 711), during 8:00am-6:00pm, Monday through Friday.

If you believe that Blue Shield of California Promise Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with the Grievance Coordinator.

Mailing Address: ATTN: Civil Rights Coordinator, Grievances Dept. Blue Shield of California Promise Health Plan (Effective 01/01/2019)* 601 Potrero Grande Dr. Monterey Park, CA 91755	Telephone Number: 1-844-883-2233 (TTY: 711), from 7:00am to 8:00pm, during Monday through Friday Fax Number: 1-323-889-2228 Email Address: CRC@blueshieldca.com
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*Care1st Health Plan until 12/31/2018

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Grievance Coordinator at Blue Shield of California Promise Health Plan Grievance Department is available to help you.

Grievances must be submitted to the Grievance Coordinator at Blue Shield of California Promise Health Plan Grievance Department within 60 calendar days from the time you have become aware of any alleged discrimination action. A complaint must be in writing, or reported verbally, containing your name and address. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

You can also go to our website at <https://www.blueshieldca.com/promise> and submit your complaint.

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>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Such complaints must be filed within 180 days from the date of the alleged discrimination.
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

IMPORTANT NOTE: To view this notice in a different language, you can go to our website at <https://www.blueshieldca.com/promise/affordable-care-act.asp>.