

## **NONDISCRIMINATION NOTICE**

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Discrimination is against the law. *Molina Healthcare follows State and Federal civil rights laws.* *Molina Healthcare* does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

*Molina Healthcare* provides:

- Free aids and services to people with disabilities to help them communicate better, 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 primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact *Molina Healthcare* 7:00am-7:00pm by calling 1-888-665-4621. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

*Molina Healthcare*  
Civil Rights Coordinator  
200 Ocean Gate, Suite 100  
Long Beach CA 90202

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### **HOW TO FILE A GRIEVANCE**

If you believe that *Molina Healthcare* has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with *Molina Healthcare's Civil Rights Coordinator*. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact *Molina Healthcare's Civil Rights Coordinator* between 8:30-5:30 p.m. by calling 1-866-606-3889. Or, if you cannot hear or speak well, please call 711



- In writing: Fill out a complaint form or write a letter and send it to:

*Molina Healthcare  
Civil Rights Coordinator  
200 Ocean Gate, Suite 100  
Long Beach CA 90202*

- In person: Visit your doctor's office or *Molina Healthcare* and say you want to file a grievance.
  - Electronically: Visit *Molina Healthcare's* website at [www.molinahealthcare.com](http://www.molinahealthcare.com).
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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).
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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:



**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

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

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

**TAGLINES****English Tagline**

ATTENTION: If you need help in your language 1-888-665-4621 (TTY: 711) . Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-665-4621 (TTY: 711). These services are free of charge.

**(Arabic)**

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-665-4621 (711). توفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير. اتصل بـ 1-888-665-4621 (711). هذه الخدمات مجانية.

**Հայերեն պիտակ (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-665-4621 (TTY: 711) : Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-665-4621 (TTY: 711)): Այդ ծառայություններն անվճար են:

**ខ្មែរលំដាតភាសាខ្មែរ (Cambodian)**

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាការសារបស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-665-4621 (TTY: 711)។ ជំនួយ នឹង សេវាកម្ម សម្រាប់ ដែនពិការ នូវចំណោមការសារសេវាប្រាកប្រុង សម្រាប់ជនពិការអ្នក បួនការសារសេវាប្រាកប្រុង នូវចំណោមការលេខ 1-888-665-4621 (TTY: 711)។ សេវាកម្មទាំងនេះ មិនគឺជាអ្នកបាន។

**简体中文标语 (Chinese)**

请注意：如果您需要以您的母语提供帮助，请致电 1-888-665-4621 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-888-665-4621 (TTY: 711)。这些服务都是免费的。

**(Farsi)**

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با 1-888-665-4621 (TTY: 711) تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بربل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-665-4621 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می شوند.

Send with all notices

### **हिंदी टैगलाइन (Hindi)**

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-665-4621 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-665-4621 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

### **Nqe Lus Hmoob Cob (Hmong)**

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu 1-888-665-4621 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-665-4621 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

### **日本語表記 (Japanese)**

注意日本語での対応が必要な場合は 1-888-665-4621 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-888-665-4621 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

### **한국어 태그라인 (Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-665-4621 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-665-4621 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

### **ລາວ ໄກສາທາວອ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕັ້ງການຄວາມຂ່າຍເຫຼືອໃນພາກສາຂອງທ່ານໃຫ້ໃຫຍ່ເປົ້າໄປ 1-888-665-4621 (TTY: 711). ຍັງມີຄວາມຂ່າຍເຫຼືອແກ່ການບໍລິການສ່າວັບຄືນຜົການ  
ເຈົ້າໂອກະນາກົມທີ່ເປັນອັກສອນບູນແວະມີໂຕຜົມໃຫຍ່ ໃຫ້ໃຫຍ່ເປົ້າໄປ  
1-888-665-4621 (TTY: 711). ການບໍລິການເຫຼົ້ານີ້ບໍ່ຕ້ອງຮັບຄ່າໃຊ້ລ່າຍໄດ້.

### **Mien Tagline (Mien)**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-665-4621 (711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-665-4621 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-665-4621 (711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੇਟੀ ਡਾਕਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-665-4621 (711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

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### **Русский слоган (Russian)**

**ВНИМАНИЕ!** Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-665-4621 (TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-665-4621 (TTY: 711). Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

**ATENCIÓN:** si necesita ayuda en su idioma, llame al 1-888-665-4621 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-665-4621 (TTY: 711). Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

**ATENSIYON:** Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-665-4621 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-665-4621 (TTY: 711). Libre ang mga serbisyon ito.

### **แท็กไลน์ภาษาไทย (Thai)**

**โปรดทราบ:** หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-665-4621 (TTY: 711). นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-665-4621 (TTY: 711). ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

**УВАГА!** Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-665-4621 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-665-4621 (TTY: 711). Ці послуги безкоштовні.

### **Khẩu hiệu tiếng Việt (Vietnamese)**

**CHÚ Ý:** Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-665-4621 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-665-4621 (TTY: 711). Các dịch vụ này đều miễn phí.