

NONDISCRIMINATION NOTICE

Discrimination is against the law. Molina Healthcare follows Federal civil rights laws. Molina Healthcare does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

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 between 7:00 a.m.-7:00 p.m. by calling 1-888-665-4621. Or, if you cannot hear or speak well, please call 711.

HOW TO FILE A GRIEVANCE

If you believe that Molina Healthcare 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 Molina Healthcare. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Molina Healthcare between 8:30 a.m. – 5:30 p.m. PST 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 of California
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802
Fax: 310-507-6186

- **In person:** Visit your doctor's office or Molina Healthcare and say you want to file a grievance.
 - **Electronically:** Visit Molina Healthcare website at www.molinahealthcare.com or email civil.rights@molinahealthcare.com.
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OFFICE OF CIVIL RIGHTS

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>.