



Medicare & MMP Section 1557 Non-Discrimination Notices

Medicare/MMP: Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

Massachusetts and New York Medicare Plans: Senior Whole Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

Kentucky Medicare Plans: Passport by Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

California Medicare SNP Plans: Please see the page below.



NONDISCRIMINATION NOTICE

Molina Healthcare (Molina) complies with applicable Federal civil rights laws and does not discriminate 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.

If you believe that Molina has discriminated 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:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

Phone: (866) 606-3889 Monday – Friday, 8 a.m. to 8 p.m., local time
TTY: 711
Fax: (562) 499-0610
Email: civil.rights@MolinaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

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:

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

916-440-7370 (or 711 for Telecommunications Relay Service)

CivilRights@dhcs.ca.gov

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx

If you believe that Molina has discriminated on the basis of race, color, national origin, disability, age, or sex, 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, DC 20201

1-800-868-1019 or 800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.