

Anti-Discrimination Notice and Multi-Language Interpreter

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

Georgia Health Advantage:

- 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 Georgia Health Advantage Member Services.

If you believe that Georgia Health Advantage 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: Georgia Health Advantage, ATTN: Member Grievances, 201 Jordan Road, Suite 200, Franklin, TN 37067, telephone: 1-844-917-0645 (TTY/TDD 833-312-0046) 8:00 A.M. to 8:00 P.M., seven (7) days a week, October 1 through March 31; 8:00 A.M. to 8:00 P.M., 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, Georgia Health Advantage 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 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). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Disclaimers

English

Georgia Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-844-917-0645 (TTY/TDD: 833-312-0046).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-917-0645 (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- 844-917-0645 (TTY/TDD: 833-312-0046).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-917-0645 (TTY/TDD: 833-312-0046)번으로 전화해 주십시오.

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 1-844-917-0645 (TTY/TDD: 833-312-0046)。

ગજરાતી (Gujarati)

સુચના: જો તમે ગજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-844-917-0645 (TTY/TDD: 833-312-0046).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-917-0645 (ATS : 833-312-0046).

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-844-917-0645 (መስማት ለተሳናቸው: 833-312-0046).

हिंदी (Hindi)

नदें: यदद आप हदी बोलते है त ओ आपक े दलए मनु
मे ें भष सह

यत

स्व ें ए ें उपलए ह।

1-844-

917-0645 (TTY/TDD: 833-312-0046) पर कॉल करा ।



Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- 844-917-0645 (TTY/TDD: 833-312-0046).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-917-0645 (телетайп: 833-312-0046).

العربية (Arabic)

للمحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدماتنا
للمعاونة تتوافر لك بلامجان. اتصل رقم 1-844-917-0645 مق

تقال والبكم: 338-213-6400

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1- 844-917-0645 (TTY/TDD: 833-312-0046).

فارسی (Farsi)

توجه: اگرچه ما
رسیدگی کنید، تسهیلات زیربسی صورت را
ان وی شرف
1-844-917-0645 تماس بگیرد.
(TTY/TDD: 833-312-0046) .ببا

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-917-0645 (TTY/TDD: 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。1-844-917-0645 (TTY/TDD: 833-312-0046) まで、お電話にてご連絡ください。

