



Quality Health Plans of New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Quality Health Plans of New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Quality Health Plans of New York:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - 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 Member Services at 1-877-233-7058. TTY users should call 711. Our office hours are October 1 to February 14, 7 days a week from 8:00 a.m. to 8:00 p.m., and from February 15 to September 30, Monday through Friday from 8:00 a.m. to 8:00 p.m.

If you believe that Quality Health Plans of New York 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:

Quality Health Plans of New York
2805 Veterans Memorial Hwy Suite 17
Ronkonkoma, NY 11779
Phone: 1-877-233-7058 (TTY/TDD 711)
Fax: 631-403-4266

Quality Health Plans
of New York

You can file a grievance by mail, or by fax.

If you need help filing a grievance, Quality Health Plans of New York 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, DC 20201, 1-800- 368-1019, 800-537-7697 (TDD).

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

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-233-7058. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-233-7058. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-877-233-7058。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-233-7058。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroonkaminglibrengserbisyoapagsasaling-wikaupangmasagotanganumangmgakatanunganninyohinggilsaamingplanongpangkalusgan o panggamot. Upangmakakuha ng tagasaling-wika, tawaganlamang kami sa1-877-233-7058. Maaarikayongtulungan ng isangnakakapagsalita ng Tagalog. Ito ay librengserbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-233-7058. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese:

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thu ố c men. Nếu quý vị cần thông dịch viên xin gọi 1-877-233-7058 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser

kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-233-7058. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료보험 또는 약품보험에 관한 질문에 대해 드리고자 무료통역서비스를 제공하고 있습니다. 통역서비스를 이용하려면 전화 1-877-233-7058 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로운 영 됩니다.

Russian: Если у

вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-233-7058. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. سيقوم شخص ما يتحدث اللغة العربية بمساعدتك. 1-8507-332-778 للحصول على مترجم فوري، ليس عليك التواصل بنا على. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-233-7058 पर फोन करें।
कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-233-7058.
Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-233-7058. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ou swadwògnou an. Pou jwenn yon entèprèt, jis rele nan 1-877-233-7058. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawki leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-233-7058. Ta usługa jest bezpłatna.

Japanese:

当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-233-7058にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

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