Anti-Discrimination Notice and Multi-Language Interpreter

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

American Health Advantage of Idaho:

- 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 American Health Advantage of Idaho Member Services.

If you believe that American Health Advantage of Idaho 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: American Health Advantage of Idaho, ATTN: Member Grievances, 201 Jordan Road, Suite 200, Franklin, TN 37067, telephone: 1-855-521-0627 (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, American Health Advantage of Idaho 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.

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English
ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-855-521-0627 (TTY/TDD: 833-312-0046).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-521-0627 (TTY/TDD: 833-312-0046).

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 1-855-521-0627（TTY/TDD: 833-312-0046）。

Srpsko-hrvatski (Serbo-Croatian)
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-521-0627 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 833-312-0046).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-521-0627 (TTY/TDD: 833-312-0046). 번으로 전화해 주십시오.

नेपाली (Nepali)
!ान िदनुहोस्: तपाइ.ले नेपाली बो3नु45छ भने तपाइ.को िन9: भाषा सहायता सेवाह> िनः शुA >पमा उपलD छ । फोन गनुHहोस् 1-855-521-0627 (िटिटवाइ: 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 1-855-521-0627 (TTY/TDD: 833-312-0046).

العربية(Arabic)
ملحوظة:إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-521-0627 (هاتف الصم والبكم 833-312-0046).

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-521-0627 (TTY/TDD: 833-312-0046).

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-521-0627 (TTY: 833-312-0046).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-521-0627 (телетайп: 833-312-0046).

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-521-0627 (ATS : 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。1-855-521-0627（TTY: 833-312-0046). まで、お電話にてご連絡ください。

Română (Romanian)
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-521-0627 (TTY: 833-312-0046).

Ikirundi (Bantu – Kirundi)
ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-855-521-0627 (TTY: 833-312-0046).

فارسی(Farsi)
توجه:اگر به زبان فارسی گفتگو می کنید تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY/TDD: 833-312-0046) تماس بگیرید 1-855-521-0627.