

MVP Non-Discrimination & Language Notices

Non-Discrimination Notice

MVP Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MVP Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. MVP Health Care provides free language services to people whose primary language is not English, 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 MVP at 1-800-662-7824 (TTY) 1-800-662-1220.

Persons who are not able to give you your rights information in the language you need may be able to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex. If you believe that MVP Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with MVP Health Care. You may file a grievance in person or by mail at:

MVP Health Care, 625 State Street, Schenectady, NY 12305
Attn: Jane Strange, Civil Rights Coordinator
1-844-946-8009, TTY: 1-800-662-1220
civilrightscordinator@mvphealthcare.com

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
1-800-368-1010, 800-537-7097 (TDD)

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

Y051_3155 Accepted (08/2016) 17MPPNINISRT

Commercial Version

Notice of Non-Discrimination
Aviso de No-Discriminación

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Medicaid/CHPlus/Essential Plan/Harmonious Health Care Plan Version

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Medicare Version



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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>

Getting Help in a Language Other than English.

This is an important document. If you need help to understand it, please call **1-844-946-8010**. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al **1-844-946-8010**. Le proporcionaremos un intérprete sin ningún costo.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 **1-844-946-8010**。我们可以为您提供相应语种的口译服务。

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 **1-844-946-8010**。我們可以為您免費提供您所使用語言的翻譯人員。

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону **1-844-946-8010**. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

Français (French Creole)

Sa se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo **1-844-946-8010**. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 **1-844-946-8010** 번으로 G 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero **1-844-946-8010**. Possiamo metterle a disposizione un interprete nella sua lingua.

אײַדיש (Yiddish)

פּאָר עטײַט, ײִטראַפּ אָדער אַ סע פֿיליאַ טראַד ריאַ בױאַ. טענעמוקאָד רעגיסטראַד אַ זיאַ אַד **1-844-946-8010**. אַראַפּשײַד ײִאָן אַצפּאָ אָפּ ײִרפּ רעשטעמלאַד אַ אָבער ײִאָן אָנעק רימ. **1-844-946-8010** אַדעוּר ריאַ אַאָאָ.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করুন **1-844-946-8010** নম্বরে কল করুন। আপনি যে ভাষায় কথা বললে বিনামূল্যে আমরা আপনাকে একজন দক্ষ ভাষী দিতে পারি।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer **1-844-946-8010**. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم **1-844-946-8010**. يمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le **1-844-946-8010**. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم **1-844-946-8010** پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tagalog (Tagalog)

Ito ay isang mahalagang dokumento. Kung kailangan mo ng tulong para maintindihan ito, pakitawagan ang **1-844-946-8010**. Maaari ka naming bigyan ng libreng interpreter sa wikang iyong sinasalita.

Ελληνικά (Greek)

Αυτό το έγγραφο είναι σημαντικό. Αν χρειάζεστε βοήθεια για να το κατανοήσετε, καλέστε μας στο **1-844-946-8010**. Μπορούμε να σας προσφέρουμε δωρεάν διερμηνεία στη μητρική σας γλώσσα.

Shqip (Albanian)

Ky është një dokument i rëndësishëm. Nëse ju nevojitet ndihmë për ta kuptuar, ju lutemi të telefononi në numrin **1-844-946-8010**. Mund t'ju ofrojmë pa pagesë një interpret për gjuhën që flisni.



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 - Qualified interpreters
 - Information written in other languages

If you need these services, contact MVP at **1-800-852-7826** (TTY/TDD: **1-800-662-1220**).

If you believe that MVP has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP by:

Mail: ATTN: JANE STRANGE CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305

Phone: **1-800-852-7826** (TTY/TDD: **1-800-662-1220**)

Fax: **914-631-1746**

In person: 625 State Street, Schenectady, NY

Email: civilrightscoordinator@mvphealthcare.com

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights by:

Online: ocrportal.hhs.gov/ocr

Mail: US DEPARTMENT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Complaint forms are available online at
hhs.gov/ocr/office/file

Phone: **1-800-368-1019** (TTY/TTD: **1-800-537-7697**)

MVP Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, o sexo.

MVP provee lo siguiente:

- Servicios y asistencias gratis para las personas con incapacidades para ayudarlos a comunicar con nosotros, como:
 - Intérpretes de lenguaje de señas capacitados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Servicios gratis de lenguaje para personas cuya lengua materna no es el inglés como:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si usted necesita estos servicios, llame a MVP al **1-800-852-7826** (TTY: **1-800-662-1220**).

Si considera que MVP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo con MVP por:

Correo: ATTN: JANE STRANGE CIVIL RIGHTS COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305

Teléfono: **1-800-852-7826** (TTY/TDD: **1-800-662-1220**)

Fax: **914-631-1746**

En persona: 625 State Street, Schenectady, NY

Email: civilrightscoordinator@mvphealthcare.com

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. por:

Web: ocrportal.hhs.gov/ocr

Correo: US DEPARTMENT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Puede obtener los formularios de reclamo en el sitio web **hhs.gov/ocr/office/file**

Teléfono: **1-800-368-1019** (TTY/TTD: **1-800-537-7697**)

More >

English	ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-852-7826 (TTY/TDD: 1-800-662-1200)
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-946-8010 (TTY: 1-800-662-1220).
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 1-844-946-8010 (TTY: 1-800-662-1220)。
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 6287-258-008-1 (رقم هاتف الصم والبكم: 0221-266-008-1).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-852-7826 (TTY: 1-800-662-1220)번으로 전화해 주십시오.
ВНИМАНИЕ (Russian)	Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-852-7826 (телетайп: 1-800-662-1220).
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-852-7826 (TTY: 1-800-662-1220).
Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-852-7826 (ATS : 1-800-662-1220).
Kreyòl Ayisyen (French Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-852-7826 (TTY: 1-800-662-1220).
אידיש (Yiddish)	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-852-7826 (TTY: 1-800-662-1220).
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-852-7826 (TTY: 1-800-662-1220).
Tagalog (Tagalog-Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-852-7826 (TTY: 1-800-662-1220).
বাংলা (Bengali)	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-852-7826 (TTY: 1-800-662-1220).
Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-852-7826 (TTY: 1-800-662-1220).
λληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-852-7826 (TTY: 1-800-662-1220).
اُردُو (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-852-7826 (TTY: 1-800-662-1220)۔



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Multi-language Interpreter Services

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-946-8010 (TTY: 1-800-662-1220).

繁體中文 (Chinese)

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Italiano (Italian)

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שידיא (Yiddish)

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-844-946-8010 (TTY: 1-800-662-1220).

বাংলা (Bengali)

লক্ষ্য করুন: যিদি আপনি বাংলা, কথা বলেত পারেন, তাহেল িন:খরচায় ভাষা সহায়তা পিরেসবা উপলব্ধি আছে। ফোন করন ১-844-946-8010 (TTY: ১-800-662-1220)।

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-946-8010 (TTY: 1-800-662-1220).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0108-649-448-1 (رقم هاتف الصم والبكم: 0221-266-008-1).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-946-8010 (ATS : 1-800-662-1220).

اُردُو (Urdu)

لاک - سہ باہت سرد سہ تفم تامدخ سہ دم سہ نابز وک پآ وت، سہ سہ تلوب ودرپ پآ رگا: رادربخ سہ رک 1-844-946-8010 (TTY: 1-800-662-1220).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-946-8010 (TTY: 1-800-662-1220).

λληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-844-946-8010 (TTY: 1-800-662-1220).

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-946-8010 (TTY: 1-800-662-1220).