

NOTICE OF NONDISCRIMINATION

Discrimination is against the law. OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) follows State and Federal civil rights laws. OneCare Connect does not unlawfully discriminate, exclude people, or treat them differently because 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.

OneCare Connect provides:

- Free aids and services to people with disabilities to help them communicate better, 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 OneCare Connect, 24 hours a day, 7 days a week, by calling **1-855-705-8823**. If you cannot hear or speak well, please call TTY at **711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

OneCare Connect
505 City Parkway West
Orange, CA 92868
1-855-705-8823 (TTY 711)

HOW TO FILE A GRIEVANCE

If you believe that OneCare Connect has failed to provide these services or unlawfully discriminated in another way 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 OneCare Connect Grievance & Appeals Resolution Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact OneCare Connect, 24 hours a day, 7 days a week, by calling **1-855-705-8823**. Or, if you cannot hear or speak well, please call TTY at **711**.

- In writing: Fill out a complaint form or write a letter and send it to:
CalOptima Grievance and Appeals
505 City Parkway West
Orange, CA 92868
- In person: Visit your doctor's office or OneCare Connect and say you want to file a grievance.
- Electronically: Visit CalOptima's website at www.caloptima.org/onecareconnect.

OFFICE OF CIVIL RIGHTS - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:
**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**
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. OneCare Connect Customer Service toll-free at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week.

TAGLINES

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. This call is free.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823 (TTY 711)**, las 24 horas al día, los 7 días de la semana. Esta llamada es gratuita.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-705-8823 (TTY 711)**, 24 giờ một ngày, 7 ngày một tuần. Cuộc gọi này hoàn toàn miễn phí.

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. لطفاً طی 24 ساعت شبانه روز و 7 روز هفته با شماره **1-855-705-8823 (TTY 711)** تماس بگیرید. این تماس رایگان است.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 주 7일, 하루 24 시간 운영되는 **1-855-705-8823 (TTY 711)** 번으로 전화해 주십시오. 통화는 무료입니다.

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 **1-855-705-8823 (TTY 711)**。一周7天，一天24小時。此通話免費。

Arabic:

ملحوظة: إذا كنت تتحدث بلغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل على الرقم **1-855-705-8823** وعلى **(TTY 711)**، على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع. هذه المكالمات مجانية.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-705-8823 (TTY 711)**, 24 oras sa isang araw, 7 araw sa isang linggo. Libre ang tawag na ito.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-855-705-8823 (TTY (հեռատիպ)՝ 711):**

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-705-8823 (линия TTY 711)**, 24 часа, 7 дней в неделю. Звонок бесплатный.

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。 **1-855-705-8823 (TTY 711)**まで、お電話にてご連絡ください。24時間年中無休のフリーダイヤルです。

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ **1-855-705-8823 (TTY 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੈ।

Cambodian: សំខាន់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-855-705-8823 (TTY 711)** 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

Hmong: LUS QHIA: Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau **1-855-705-8823 (TTY 711)** 24 teev tuaj ib hnuv, 7 hnuv tuaj ib lub lim tiam. Hu tau tus xovtooj no dawb xwb.

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। दिन के 24 घंटे, सप्ताह के सातों दिन, **1-855-705-8823 (TTY 711)** पर कॉल करें। यह कॉल मुफ्त है।

Thai: โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรฟรี **1-855-705-8823 (TTY 711)** ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์.

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣຟຣີ **1-855-705-8823 (TTY 711)**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ມື້ຕໍ່ອາທິດ.