



NOTICE OF NON-DISCRIMINATION

MetroPlus Health Plan complies with Federal civil rights laws. **MetroPlus Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

MetroPlus Health Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, 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 first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **MetroPlus Health Plan** at 1-800-303-9626. For TTY/TDD services, call 711.

If you believe that **MetroPlus Health Plan** 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 **MetroPlus Health Plan's Complaints Coordinator** by:

Mail: 50 Water Street, 7th Floor, New York, NY 10004
Phone: 1-800-303-9626 (for TTY/TDD services, call 711)
Fax: 1-212-908-8705
In person: 50 Water Street, 7th Floor, New York, NY 10004
Email: Grievancecoordinator@metroplus.org

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

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

This notice is available at MetroPlus Health Plan's website: <https://metroplus.org>.