

Anti-Discrimination Notice and Multi-Language Interpreter

American Health Advantage of Oklahoma (HMO I-SNP), offered by American Health Advantage of Oklahoma, 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 Oklahoma does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

American Health Advantage of Oklahoma:

- 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 Oklahoma Member Services.

If you believe that American Health Advantage of Oklahoma 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 Oklahoma, ATTN: Member Grievances, 201 Jordan Road, Suite 200, Franklin, TN 37067, telephone: 1-866-583-4649 (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 Oklahoma 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>.



ကဗမာစကား (Burmese)

သတိပျဉ်းရန် - အကယုၣ် သငဝ်ည ဝုမဒဝ် စက တး ကိၣ်ဝေဝ်ပူပ ပါကၢ ဘ သ အခမ့ၢ
စက တး အက=အညါ
သုၣ်အဝ်တက့ၣ် စ ဝေဝ်ဆေ့ၣ် ဝုမဒဝ်ပါမည ဝါတ 1-800-399-7524x
ဝေဝ်ဆေ့ၣ်ပါမ က ဝုမဒဝ်ပူပ (TTY:833-312-0046)
သဝ်

ไทย (Thai)

ขอความช่วยเหลือ : หากคุณพูดภาษาอังกฤษได้ กรุณา โทร 1-866-583-4649 (TTY/TDD: 833-312-0046)

اردو (Urdu)

583-866 4649 : دود انگریزی بولتے ہیں تو زبان کی معاونت کی خدمات، مفت، آپ کے لئے دستیاب ہیں۔ کال 1-866-583-4649
تومجاگر آپ 833-312-0046 (TTY/TDD)

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-583-4649 (TTY/TDD: 833-312-0046).

ای ساخت (Farsi)

TTT/TDD: (833-316-0046) 4649-583-866-1 : اس با (هسند . شما دسترس در رایگان، صورت به زبان، به کمک خدمات کنند، می صحبت محدود انگلیسی زبان به شما توجه اگر

tsalagi gawonihisdi (Cherokee)

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi].. Call 1-866-583-4649 (TTY/TDD: (833-312-0046).

