

General Notice About Nondiscrimination & Accessibility Requirements

Inter Valley Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex.

Inter Valley Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).

Inter Valley Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Inter Valley Health Plan Member Services.

If you believe that Inter Valley Health Plan 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 in person, by phone, mail, or fax, at:

Inter Valley Health Plan
Manager, Grievance and Appeals Department
300 S. Park Avenue, Suite 300, Pomona, CA 91769-6002
800-251-8191 Ext. 469, (TTY/TDD 711)
FAX: 909-620-6413

If you need help filing a grievance, Inter Valley Health Plan Member Services is available to help you.

Or by filling out the "File a Grievance" form on our website at:
www.ivhp.com/AppealsGrievance.

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 (TTY: 1-800-537-7697)

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

Inter Valley Health Plan is a not-for-profit HMO with a Medicare contract. Enrollment in Inter Valley Health Plan depends on contract renewal.

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-251-8191. (TTY/TDD 711).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-8191. (TTY/TDD 711).

CHINESE TRADITIONAL: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-251-8191。(TTY/TDD 711)。

CHINESE SIMPLIFIED: 注意：如果您使用中文，您可以免費獲得語言援助服務，請致電 1-800-251-8191。(TTY/TDD 711)。

VIETNAMESE: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số 1-800-251-8191. (TTY/TDD 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-8191. (TTY/TDD 711).

KOREAN: 주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-8191 번으로 연락해 주십시오. (TTY/TDD 711).

ARMENIAN: Ուշադրություն: Եթե խոսում եք հայերեն, ապա Ձեզ անվճար կարող են տրամադրվել լեզվական օգնությունները: Հանգահարե՛ք 1-800-251-8191 հեռախոսահամարով: Հեռատիպի համարն է՝ (TTY/TDD 711)

(FARSI): PERSIAN ینا بز تالی هست ، دینک یم وگت فگ یراف نابز هب رگا : هجوت دیری ب سامت 1-800-251-8191 هرامش اب . دشاب یم مهارف امش یراب ناگیار تروصب (TTY/TDD 711).

RUSSIAN: ВНИМАНИЕ! Если вы говорите по-русски, вы можете бесплатно получить услуги перевод;а. Звоните по телефону 1-800-251-8191 (TTY/TDD 711).

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。お問合せ先 1-800-251-8191. (TTY/TDD 711).

ARABIC: كل رفاوت ةي وغل ل ا ة دعاس م ل ا تام دخ ن ا ف ، ةي ب ر ع ل ا ث د ح ت ت ن ك ا ذ ا : ة ط و ح ل م : ن ا ج م ل ا ب (711 : ي ص ن ل ا ف ت ا ه ل ا) . 1-800-251-8191 م ق ر ب ل ص ت ا . ن ا ج م ل ا ب

PUNJABI: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਾਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-251-8191 ਉੱਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD 711)।

MON-KHMER, CAMBODIAN: សូមយកចិត្តទុកដាក់៖ ប៊ីសិនជាអ្នកនិយាយភាសាខ្មែរ រឺ សំរោងន្ទយជុនកែភាសា ជាយមិនគិតថ្លៃ អាចមានសំរាប់ប៊ីអ៊ុនក ។ សូមទូរស័ព្ទទៅលេខ 1-800-251-8191 ។ (TTY/TDD 711) ។

HMONG: LUS CEEV: Yog tias koj hais lus Hmoob (Ntawv Suav - Hmoob), muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-251-8191. (TTY/TDD 711).

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-251-8191, (TTY/TDD 711)।

THAI: โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-251-8191 (TTY/TDD 711).