



Non-Discrimination and Language Access Policy

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

Aspirus Health Plan:

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, call us at the phone number on the attached correspondence, your ID card, or the number listed on **AspirusHealthPlan.com**.

If you believe that Aspirus 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 with:

Aspirus Health Plan
Attn: Nondiscrimination Grievance Coordinator
PO Box 1062
Minneapolis, MN 55440
Emails: G&A@AspirusHealthPlan.com

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019, TTY: 1-800-537-7697. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Albanian VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Na telefononi në numrin e telefonit që gjendet në korrespondencën e bashkëngjitur, në pjesën e përparme të kartës suaj ID ose në numrin e renditur në adresën www.aspirushealthplan.com (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بنا على رقم الهاتف الموجود بالرسالة المرفقة أو بالجهة الأمامية لبطاقة تعريف الهوية الخاصة بك أو على الرقم المدرج بالمواقع الإلكترونية التالية www.aspirushealthplan.com (الهاتف النصي: 711).

French À NOTER : Si vous parlez le français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez-nous au numéro de téléphone indiqué sur le courrier joint, au recto de votre carte d'identité ou au numéro indiqué sur le site Internet www.aspirushealthplan.com (ATS : 711).

German HINWEIS: Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistenzdienste zur Verfügung. Rufen Sie uns an. Sie finden die Telefonnummer auf dem beigefügten Schreiben, auf der Vorderseite Ihrer ID-Karte oder unter www.aspirushealthplan.com (TTY: 711).

Hindi ध्यान दें: अगर आप हन्दी बोलते हंतो आपकेलिए भाषा हसायता सेवाएँ शुक उपलब्ध हत हमें संलग्न पत्राचार पता, आपकेहपचान पत्र (आईडी कार्ड) केसामने केपृष्ठ पर दिए गए फोन नंबर या www.aspirushealthplan.com पर दिए गए नंबर पर कॉलकरें (TTY: 711)।

Hmong TSHWJ XEEB: Yog hais tias koj hais lus Hmoob, peb muaj cov kev pab cuam hais ua koj hom lus pub rau koj yam tsis xam tus nqi hlo li. Hu rau peb tus nab npawb xov tooj nyob rau ntwam daim ntwav, sab hauv ntej ntwam koj daim id lossis nab npawb xov tooj nyob rau hauv www.aspirushealthplan.com (TTY: 711).

Korean 주목해 주세요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 첨부된 서신, ID 카드 앞면 또는 www.aspirushealthplan.com에 나와 있는 전화번호로 연락해 주십시오(TTY: 711).

Polish UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany w załączonej korespondencji, z przodu karty identyfikacyjnej lub numer podany na stronie www.aspirushealthplan.com (TTY: 711).

Russian ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по любому номеру, указанному: в прикрепленном письме, на лицевой стороне Вашей идентификационной карты или на сайтах www.aspirushealthplan.com (телетайп: 711).

Spanish ATENCIÓN: Si habla español, los servicios de asistencia de idioma están disponibles para usted, sin ningún costo para usted. Llámenos al número de teléfono que se encuentra en la correspondencia adjunta, en la parte de adelante de su tarjeta de identificación o en el número indicado en www.aspirushealthplan.com (TTY: 711).

Tagalog BIGYANG-PANSIN: Kung Tagalog ang ginagamit mong wika, may mga serbisyong tulong sa wika na makukuha mo nang walang babayaran. Tawagan kami sa numero ng telepono na nasa nakalakup na sulat, nasa harapang bahagi ng iyong id card o nakalistang numero sa www.aspirushealthplan.com (TTY: 711).

Traditional 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。請撥打隨附之通訊上、ID 卡正面或以下網址：www.aspirushealthplan.com 列出的電話號碼與我們聯絡 (TTY: 711)。

Vietnamese CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi cho chúng tôi theo số điện thoại có trên thư từ đính kèm, mặt trước thẻ id của quý vị hoặc số điện thoại được niêm yết trên www.aspirushealthplan.com (TTY: 711).

Pennsylvania Dutch GEB ACHT: Wann du Deitsch schwetzsch, du kannscht Schprooch Services griege, mitaus Koschd. Ruf uns mit der Nummer uff die attached correspondence, die vonne Seide vun dei ID Kaarde oder die Nummer uff www.aspirushealthplan.com(TTY: 711).

Lao ສໍາລັບທ່ານທີ່ສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ທ່ານສາມາດໂທຫາພວກເຮົາໄດ້ທີ່ໝາຍເລກຢູ່ເທິງຈົດໝາຍຕິດຕໍ່ທີ່ຕິດຄັດມາ, ດ້ານໜ້າບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໝາຍເລກທີ່ລະບຸໄວ້ໃນ

www.aspirushealthplan.com (TTY: 711).