

Nondiscrimination Statement: Discrimination is Against the Law

The University of Arkansas Medical Benefit Plan (The Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The 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 such as: Large print.

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 The Plan 1557 Nondiscrimination Officer. If you believe that The 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 The Plan 1557 Nondiscrimination Officer. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, The Plan 1557 Nondiscrimination Officer is available to help you.

University of Arkansas Medical Benefit Plan
1557 Nondiscrimination Officer
University of Arkansas System Office
2404 North University Avenue
Little Rock, AR 72207
Phone: (501) 686-2941
Fax: (501) 686-2939

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/ocrhhs.gov/ocr>

9	French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. ATS 711.
10	Hmong	Koj muaj cai tau kev pab thiab tau cov ntaub ntawv sau ua koj hom lus pub dawb. Yog xav tau ib tug neeg txhais, hu tus xov tooj rau tswv cuab hu dawb uas sau muaj nyob ntawm koj daim yuaj them nqi kho mob, nias 0. TTY 711.
11	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711
12	Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. TTY 711
13	Japanese	ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、0を押してください。TTY専用番号は711です。
14	Hindi	आपको अपने भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। यदि आप एक अनुवादक से बातचीत करना चाहते हैं, तो अपने स्वास्थ्य योजना के आईडी कार्ड पर दिए गए फ्री डायल नंबर पर 0 दबाएं। TTY 711
15	Gujarati	આપને તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. જો તમે એક અનુવાદક સાથે વાતચત કરવા માંગો છો, તો તમારા આરોગ્ય યોજનાના આઈડી કાર્ડ પર આપેલા ફ્રી ડાયલ નંબર પર ૦ દબાવો. TTY 711