

SEBB Program Nondiscrimination Notice and Language Access Services

The SEBB Program and its contracted health plans comply with applicable federal civil rights laws and do not discriminate (exclude people or treat them differently) on the basis of race, color, national origin, age, disability, or gender.

The SEBB Program complies with applicable state civil rights laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained guide dog or service animal by a person with a disability.

The SEBB Program 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).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you believe this organization has failed to provide language access services or discriminated in another way, you can file a grievance with:

SEBB PROGRAM

Health Care Authority Enterprise Risk Management Office

Attn: ADA/Nondiscrimination Coordinator

PO Box 42704

Olympia, WA 98504-2704

☎ 1-855-682-0787 (☎ 711)

☎ 360-507-9234

✉ compliance@hca.wa.gov

🌐 hca.wa.gov/about-hca/non-discrimination-statement

SEBB MEDICAL PLANS

Kaiser Foundation Health Plan of the Northwest

Attn: Member Relations Department

500 NE Multnomah Street, Suite 100

Portland, OR 97232

☎ 1-800-813-2000 (☎ 711)

☎ 1-855-347-7239

Kaiser Foundation Health Plan of Washington

Civil Rights Coordinator

Attn: Kaiser Foundation Health Plan of Washington Appeals and Grievances

PO Box 34590

Seattle, WA 98124-1590

☎ 206-630-4636

☎ 1-888-901-4636

☎ 1-800-833-6388 or 711

🌐 kp.org/wa/feedback

Kaiser Foundation Health Plan of Washington Options, Inc.

Civil Rights Coordinator

Attn: Kaiser Foundation Health Plan of Washington Appeals and Grievances

PO Box 34590

Seattle, WA 98124-1590

☎ 206-630-4636

☎ 1-888-901-4636

☎ 1-800-833-6388 or 711

🌐 kp.org/wa/feedback

Premera Blue Cross

(For discrimination concerns about any Premera Blue Cross plan or the Centers of Excellence Program for Uniform Medical Plan [UMP] Achieve 1, UMP Achieve 2, and UMP High Deductible)

Attn: Appeals Coordinator

PO Box 91102

Seattle, WA 98111-9202

☎ 1-855-332-4535 (☎ 711)

☎ 425-918-5592

✉ appealsdepartmentinquiries@premera.com

Regence BlueShield

For all UMP plans except UMP Plus:

Attn: UMP Appeals and Grievances

PO Box 1106

Lewiston, ID 83501-1106

☎ SEBB: 1-800-628-3481 (☎ 711)

☎ 1-877-663-7526

✉ UMPCivilrights@regence.com

For UMP Plus - UW Medicine ACN members only:

Embright

Attn: UMP Plus - UW Medicine ACN Appeals and Grievances

1037 NE 65th Street

Seattle, WA PMB 259

For UMP Plus - Puget Sound High Value

Network members only:

☎ 1-855-776-9503

Washington State Rx Services

(For discrimination concerns about prescription drug benefits for any UMP plan)

Attn: Appeals Unit

PO Box 40168

Portland, OR 97240-0168

☎ 1-855-232-9111 (☎ 711)

☎ 1-866-923-0412

✉ compliance@modahealth.com

SEBB DENTAL PLANS

Delta Dental of Washington

(For discrimination concerns about DeltaCare and Uniform Dental Plan)

Attn: Compliance/Privacy Officer

PO Box 75983

Seattle, WA 98175

☎ 1-800-554-1907 (☎ 1-800-833-6384)

☎ 1-206-729-5512

✉ Compliance@DeltaDentalWA.com

Willamette Dental of Washington, Inc.

Attn: Member Services Department

6950 NE Campus Way

Hillsboro, OR 97124

☎ 1-855-433-6825 (☎ 711)

☎ 503-952-2684

✉ memberservices@willametedental.com

SEBB VISION PLANS

Davis Vision, Inc.

Davis Vision Complaints and Appeals Department

700 Quaker Lane, 2nd Floor

Warwick, RI 02886

☎ 1-800-438-6388

EyeMed Vision Care

FAA/EyeMed Vision Care

Attn: Quality Assurance Department

4000 Luxottica Place

Mason, OH 45040

☎ 1-800-699-0993 (☎ 1-844-230-6498)

☎ 513-492-3259

Metropolitan Life Insurance Company

(For discrimination concerns about MetLife vision plan)

Attn: Corporate Consumer Relations Department

PO Box 997100

Sacramento, CA 95899-7100

☎ 1-833-854-9624

☎ 1-800-428-4833 (☎ 711)

You can also file a civil rights complaint with:

**U.S. Department of Health and Human Services
Office for Civil Rights**

200 Independence Avenue, SW Room 509F, HHH Building,
Washington, D.C. 20201

☎ 1-800-368-1019 (☎ 1-800-537-7697) OCRComplaint@hhs.gov

🌐 ocrportal.hhs.gov/ocr/portal/lobby.jsf

(to submit complaints electronically)

🌐 hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html *(to find complaint forms online)*