



Uniform Medical Plan Nondiscrimination Notice and Language Access Services

Uniform Medical Plan (UMP) and its contracted vendors comply with applicable federal and Washington State civil rights laws and does not discriminate (exclude people or treat them less favorably) on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

UMP provides reasonable accommodations and free appropriate auxiliary aids for people whose primary language is not English and people with disabilities, such as qualified sign language interpreters and written information and written information in other formats (large print, audio, accessible electronic formats, and other formats), as well as free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, or if you believe UMP or its contracted health plans has failed to provide these services or discriminated in another way, contact the appropriate health plan listed below. You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance, the Health Care Authority Nondiscrimination Coordinator is available to help you.

If you believe one of the below organizations has failed to provide language access services or discriminated in another way, you can file a grievance by using the contact information below.

Regence BlueShield

For discrimination concerns about all UMP plans, except UMP Plus:

Regence BlueShield Civil Rights Coordinator

Attn: UMP Appeals and Grievances
Regence BlueShield
PO Box 1106
Lewiston, ID 83501-1106
PEBB members: 1-888-849-3681 (TRS: 711)
SEBB members: 1-800-628-3481 (TRS: 711)
Fax: 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 St.
PMB 259
Seattle, WA 98115

For UMP Plus – Puget Sound High Value Network only

Phone: 1-855-776-9503
1149 Market St. MS 10-09
Tacoma, WA 98405

ArrayRx

For discrimination concerns about prescription drug benefits for all UMP plans, except UMP PEBB plan, Classic Medicare with Part D (PDP):

ArrayRx

Attn: Appeals Unit
PO Box 40168
Portland, OR 97240-0168
1-855-232-9111 (TRS: 711) | Fax 1-866-923-0412
compliance@modahealth.com

For discrimination concerns about prescription drug benefits for the UMP PEBB plan, UMP Classic Medicare with Part D (PDP) members:

ArrayRx

Attn: Appeals Unit
PO Box 40384
Portland, OR 97240-0384
1-833-599-8539 (TRS: 711) | Fax 1-833-949-1888
compliance@modahealth.com

**Public Employees Benefits Board (PEBB) Program or
School Employees Benefits Board (SEBB) Program**

You can also file a civil rights complaint with:

**Centralized Case Management Operations
U.S. Department of Health and Human Services**

200 Independence Avenue, S.W. Room 509F HHH Bldg.
Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

OCRComplaint@hhs.gov

*To submit complaints electronically, visit the Complaint
Portal Assistant webpage at:*

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

**The Washington State Office of the Insurance
Commissioner**

*Submit complaints electronically through the Office of the
Information Commissioner Complaint portal available at:*

<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>,

or by phone at 1-800-652-6900, (TDD: 360-586-0241).

Complaint forms are available at:

<https://fortress.wa.gov/oic/online-services/cc/pub/complaint-information.aspx> Commissioner

Visit HCA's nondiscrimination statement webpage at **hca.wa.gov/about-hca/non-discrimination-statement** to file a grievance online.

To find information on filing a complaint, visit the Office for Civil Rights webpage at **hhs.gov/ocr/complaints/index.html**.

UMP is administered by Regence BlueShield and ArrayRx under contract with the Washington State Health Care Authority.

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

*For discrimination concerns about eligibility and
enrollment:*

Health Care Authority

Attn: ADA/Nondiscrimination Coordinator PO Box 42704
Olympia, WA 98504-2704
1-855-682-0787 (TRS: 711) | Fax 360-507-9234

compliance@hca.wa.gov

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Employees: Contact your personnel, payroll, or benefits office. Retirees, PEBB and SEBB Continuation Coverage members: Call the Health Care Authority at 1-800-200-1004 (TRS: 711).

[Amharic] የድምጽ እና ስልጠና ለተገኝተው ሰራተኞችና የተገኙት ሰራተኞች ለሰራተኞች የሰራተኞች የጥቅም ጥቅም ሰራተኞች (PEBB) እና የተገኙት ሰራተኞች የጥቅም ጥቅም ሰራተኞች (SEBB) ቀጣይ ሰራተኞች የ Health Care Authority ን በ 1-800-200-1004 (TRS: 711) ደውሎ ያነጋግሩ።

[Arabic] تتوفر المساعدة اللغوية، بما في ذلك الترجمة الفورية وترجمة المواد المطبوعة، مجاناً. الموظفون: الاتصال مع شؤون الموظفين أو الرواتب أو مكتب (PEBB). المتقاعدون، وأعضاء متابعة تغطية هيئة مزاي الموظفين الحكوميين (SEBB) على Health Care Authority الاتصال على (SEBB) هيئة مزاي موظفي المدارس 1-800-200-1004. الرقم: (TRS: 711)

[Burmese] စကားပြန်များ၊ ပုံနှိပ်ထားသည့် စာရွက်စာတမ်းများကို ဘာသာပြန်ဆိုပေးမှုများ အပါအဝင် ဘာသာစကား အထောက်အကူပြု ဝန်ဆောင်မှုများကို အခမဲ့ စီစဉ်ဆောင်ရွက်ပေးနေပါသည်။ ဝန်ထမ်းများသည် မိမိ၏ ဝန်ထမ်း လိုအပ်ချက်များကို သိမိမိ အကျိုးခံစားခွင့်များ စီစဉ်ပေးသည့်ရုံးကို ဆက်သွယ်ပါ။ အခြားစားယူထားသူများ၊ အစိုးရ ဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘွဲ့အဖွဲ့ (PEBB) နှင့် ကျောင်းဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘွဲ့အဖွဲ့ (SEBB) အစိုးရ ဝန်ထမ်းများ အဖွဲ့အစည်းများ- Health Care Authority ထံ 1-800-200-1004 (TRS: 711) တွင် ဆက်သွယ်ပါ။

[Cambodian] សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកប្រែ និងការបកប្រែឯកសារបោះពុម្ព មានផ្តល់ជូនដោយឥតគិតថ្លៃ។ និយោជិត៖ ទាក់ទងបុគ្គលិក បញ្ជីបើកប្រាក់ខែ ឬការិយាល័យ អត្ថប្រយោជន៍របស់អ្នក។ និរន្តរ៍ សមាជិកបំរុងបន្តនៃក្រុមប្រឹក្សាភិបាលផ្តល់អត្ថប្រយោជន៍ដល់បុគ្គលិកសាធារណៈ (PEBB) និងក្រុមប្រឹក្សាភិបាលផ្តល់អត្ថប្រយោជន៍ដល់បុគ្គលិកសាលារៀន (SEBB) សូមហៅទូរស័ព្ទទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS: 711)។

[Chinese] 可免費提供語言援助服務，包括口譯及列印資料翻譯服務。僱員：請洽人事部、薪資部或福利辦公室。退休人員、(PEBB) 及學校職工福利委員會 (SEBB) 續保會員：請致電1-800-200-1004 (TRS: 711) 聯絡 Health Care Authority。

[Korean] 통역 및 번역된 인쇄물을 포함한 언어 지원 서비스를 무료로 제공해드리고 있습니다. 고용인: 귀하의 인사부, 경리부, 복지혜택부서에 문의하여 주십시오. 은퇴자, 공무원복지혜택위원회 (PEBB) 및 교직원 복지혜택위원회 (SEBB) 연속 보장 회원: Health Care Authority 전화번호 1-800-200-1004 (TRS: 711)로 문의하여 주십시오.

[Laotian] ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມເຖິງ ນາຍພາສາ ແລະການແປ ເອກະສານ, ແມ່ນມີ ໃຫ້ ໂດຍບໍ່ເສັຽຄ່າ. ພະນັກງານ: ຂໍໃຫ້ຕິດຕໍ່ພະແນກບຸກຄະລາກອນ, ບັນຊີຄ່າຈ້າງ, ຫຼື ຫ້ອງການ ສິດທິພົນປະໂຫຍດຕ່າງໆ. ຜູ້ອອກກິນເບັຽບັນນາ, ສະມາຊິກຜູ້ຮັບການຄຸ້ມ ຄອງຕໍ່ເມືອງຂອງໂຄງການ ການຈັດການດູແລສິດທິພົນປະໂຫຍດສໍາລັບລູກຈ້າງຂອງ ຮັຖ (PEBB) ແລະ ໂຄງການການຈັດການດູແລສິດທິພົນປະໂຫຍດສໍາລັບລູກຈ້າງຂອງ ໂຮງຮຽນ (SEBB): ໂທສື່ຕິດຕໍ່ອົງການ Health Care Authority ທີ່ເບີໂທ 1-800-200-1004 (TRS: 711).

[Oromo] Tajaajila deeggarsa afaanii, afaan hiikuu fi waraqawwan afaan barbaachisetti hiikuu, kafaltii kamiyu malee. Mindeffamtonni: Nama isin to'atu, galme'e kaffaltii, yookiin biiroo fayyadamtan qunnama. Sorooma, miseensota Cufuu Itti fufiinsan Boordii Fayyadamtoota Mindeffamtoota Uumattaa (PEBB) fi Boordii Fayyadamtoota Mindeffamtoota mana Barumsa (SEBB): Health Care Authority bilbila 1-800-200-1004 (TRS: 711).

[Persian] خدمات کمک زبانی، شامل مترجم شفاهی و ترجمه مطالب چاپی، به صورت رایگان ارائه می‌شود. کارمندان: با دفتر پرسنل، حسابداری یا مزایای خود تماس بگیرید. بازنشستگان، اعضای پوشش مستمر هیئت عمومی مزایای کارمندان به Health Care Authority یا (SEBB) و هیئت مزایای کارمندان مدرسه (PEBB) تماس بگیرید (TRS: 711) شماره 1-800-200-1004

[Punjabi] ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿੰਨਾਂ ਵਿੱਚ ਦੁਭਾਸ਼ਿਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨਾ ਸ਼ਾਮਲ ਹੈ, ਮੁਫਤ ਉਪਲੱਬਧ ਹਨ। ਕਰਮਚਾਰੀ: ਆਪਣੇ ਅਮਲੇ, ਤਨਖਾਹ ਜਾਂ ਫਾਇਦੀਆਂ ਦੇ ਦਫਤਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ। ਰਿਟਾਇਰ ਹੋ ਚੁੱਕੇ, PEBB ਅਤੇ SEBB ਜਾਰੀ ਰੱਖਣ ਵਾਲੇ ਕਵਰੇਜ ਸਦੱਸ: Health Care Authority (ਹੈਲਥ ਕੇਅਰ ਅਥਾਰਿਟੀ) ਨੂੰ 1-800-200-1004 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv interpretii și traducerea materialelor tipărite. Angajați: contactați-vă biroul de personal, de plată a salariilor sau de beneficii. Membrii pensionari, ai PEBB și ai SEBB acoperiți în continuare: apălați Health Care Authority la numărul de telefon 1-800-200-1004 (TRS: 711).

[Russian] Услуги языковой поддержки, включая устных переводчиков и перевод печатных материалов, предоставляются бесплатно. Сотрудникам: свяжитесь с вашим отделом кадров, отделом выплаты заработной платы или выплаты льгот и пособий. Пенси