

Mass General Brigham Health Plan Non-Discrimination Notice

Mass General Brigham 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. Mass General Brigham Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

What Mass General Brigham 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)

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

If you need these services, contact:

MASS GENERAL BRIGHAM HEALTH PLAN
CUSTOMER SERVICE
399 REVOLUTION DRIVE, SUITE 810
SOMERVILLE, MA 02145

Phone: **800-462-5449** (TTY 711)

Email: **customerservice@alwayshealth.org**

If you believe that Mass General Brigham 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:

MASS GENERAL BRIGHAM HEALTH PLAN
CUSTOMER SERVICE
399 REVOLUTION DRIVE, SUITE 810
SOMERVILLE, MA 02145

Phone: **800-462-5449** (TTY 711)

Fax: **617-526-1980**

Email: **AppealsGrievance@alwayshealth.org**

How to file a grievance

You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, Customer Service 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**, or by mail or phone at:

US DEPARTMENT OF HEALTH & HUMAN SERVICES
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Phone: **1-800-368-1019**

(TDD: **1-800-537-7697**)

Complaint forms are available by visiting:

hhs.gov/ocr/office/file/index.html.