

# Discrimination is Against the Law

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

## Contra Costa 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 medical interpreters

## Information written in other languages

### English

Contra Costa 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.

### Español (Spanish)

Contra Costa Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

### 繁體中文 (Chinese)

Contra Costa Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

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### Tiếng Việt (Vietnamese)

Contra Costa Health Plan tuân theo thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

### Tagalog (Tagalog – Filipino)

Sumusunod ang Contra Costa Health Plan sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

### ਪੰਜਾਬੀ (Punjabi)

Contra Costa Health Plan ਲਾਗੂ ਸੰਬੰਧੀ ਨਾਗਰਿਕ ਹੱਕ ਦੇ ਕਾਨੂੰਨ ਦੀ ਪਾਲਣਾ ਕਰਦੀ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਸਮਰਥਤਾ, ਜਾਂ ਲਿੰਗ 'ਤੇ ਅਧਾਰ 'ਤੇ ਵਤਿਕਰਾ ਨਹੀਂ ਕਰਦੀ ਹੈ।

### हिंदी (Hindi)

Contra Costa Health Plan लागू होने योग्य संघीय नागरिक अधिकारों के कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, वकिलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

### 한국어 (Korean)

Contra Costa Health Plan 는 해당 연방 시민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

### العربية (Arabic)

تلتزم كونترا كوستا للخدمات الصحية بقوانين الحقوق المدنية الفدرالية المعمول بها. ولا تميز بين الأصل، العرق، اللون، الجنسي، العمر، الإعاقة أو الجنس.

### Português (Portuguese)

A Contra Costa Health Plan cumpre a legislação federal aplicável sobre direitos civis, e não discrimina com base em raça, cor, nacionalidade, idade, deficiência ou sexo.

### دري (Dari)

مرکز خدمات صحی کونتری کانترا کاستا مطابق با اجرا قوانین حقوق مدنی فدرال هیچگونه تبعیض را بر اساس نژاد، رنگ پوست ملیت، سن، معلولیت و جنسیت قایل نمی شود.

### ລາວ (Lao)

ສຸນບໍລິການຄອນທຳອາຊີບຕໍ່າສອດຄ້ອງກັບກົດໝາຍສິດທິພົນລະເມືອງຂອງສະຫະລັດທີ່ບໍ່ໄດ້ແຍ້ງແຍ້ງ ບໍ່ໄດ້ຍົກປະຕິບັດໂດຍພົນລະເມືອງ ເຊັ່ນ ອຊາດ ສີ ພົວ ຊາດກໍາເນີດ ອາຍຸ, ຄວາມພິການ ຫຼື ເພດ

### Русский (Russian)

Contra Costa Health Plan соблюдает действующее федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

### Français (French)

Contra Costa Health Plan se conforme aux lois fédérales en vigueur relatives aux droits civils et ne pratique aucune discrimination basée sur la race, la couleur, l'origine, l'âge le handicap ou le sexe.

### فارسی (Farsi - Persian)

خدمات بهداشت کانترا کاستا با قابل اجرای حق قانون مدنی فدرال بر اساس نژاد، رنگ پوست، ملیت، سن، ناتوانی، و یا جنسی تبعیضی قایل نمی شود.

## If you need these services, contact Member Services at 1-877-661-6230

If you believe that Contra Costa 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: Member Services at 1-877-661-6230, or TTY/TDD 1-800-735-2929. OR if you prefer, you can write us: Simply write down the problem you are having and send it to: Member Appeals/Grievance Resolution Unit, 595 Center Avenue Suite 100, Martinez, CA 94553. OR You can fax us: Our fax number is 925-313-6047. OR the Internet: You can email us at [cchp@hsd.cccounty.us](mailto:cchp@hsd.cccounty.us) If you need help filing a grievance, a Member Services Representative 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 <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, 1-800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

