

## NOTICE OF NONDISCRIMINATION POLICY

### Discrimination is Against the Law

NYC Employees PPO Plan complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

#### NYC Employees PPO Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters.
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Customer Service at 212-501-4444 (TTY: **711**).

If you believe that NYC Employees PPO Plan has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the NYC Employees PPO Plan Grievance and Appeals Department, P.O. Box 2844, New York, NY 10116-2844; faxing them at 212-510-5320; or calling Customer Service at 212-501-4444. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, NYC Employees PPO Plan's Grievance and Appeals Department 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, DC 20201; 800-368-1019 (TTY: 800-537-7697).**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available on NYC Employees PPO Plan's website at [NYCEPPO.com](http://NYCEPPO.com)

### Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English ATTENTION:** If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **212-501-4444** (TTY: **711**) or speak to your provider.

**POLSKI (Polish) UWAGA:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **212-501-4444** (TTY: **711**) lub porozmawiaj ze swoim dostawcą

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **212-501-4444** (TTY: **711**) o hable con su proveedor.

**Italiano (Italian) ATTENZIONE:** se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il **212-501-4444** (tty: **711**) o parla con il tuo fornitore.

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اللغة العربية (Arabic) ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. تتوفر أيضًا وسائل المساعدة والخدمات المساعدة المناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجانًا دون أي تكلفة. اتصل على **212-501-4444** (TTY: 711) أو تحدث مع موفر الرعاية الخاص بك.

**한국어 (Korean)** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **212-501-4444** (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**中文 (Simplified Chinese)** 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 **212-501-4444** (文本电话: 711) 或咨询您的服务提供商。

**বাংলা (Bengali)** মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাগুলি উপলব্ধ। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাগুলিও বিনামূল্যে উপলব্ধ। **212-501-4444** (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সঙ্গে কথা বলুন।

**РУССКИЙ (Russian)** ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **212-501-4444** (TTY: 711) или обратитесь к своему поставщику услуг.

**Français (French)** ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **212-501-4444** (TTY: 711) ou parlez à votre fournisseur.

**Kreyòl Ayisyen (Haitian Creole)** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan **212-501-4444** (TTY: 711) oswa pale avèk founisè w la.

**Tagalog (Tagalog)** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **212-501-4444** (TTY: 711) o makipag-usap sa iyong provider.

**Ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **212-501-4444** (TTY: 711) ή απευθυνθείτε στον πάροχό σας.

**SHQIP (Albanian)** VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndiurma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **212-501-4444** (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

**יידיש (Yiddish)** אויפֿמערקזאַמקייט: אויב איר רעדט יידיש, פרייע שפראך הילף באַדינונגען זענען בנימצא פֿאַר אײַך. פֿאַסיק הילף-מיטלען און באַדינונגען צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאַרמאַטן זענען אויך פֿאַראַן אָן קײן אָפֿצאַל. רוף **212-501-4444** (TTY: 711) אדער רעדט מיט אייער פֿראַוויידער.

**اردو (Urdu)** توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو مفت لسانی معاونتی خدمات آپ کے لیے دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے موزوں معاون آلات و خدمات بھی مفت دستیاب ہیں۔ **212-501-4444** (TTY: 711) پر کال کریں یا کسی فراہم کنندہ سے بات کریں۔