



Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

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

My Choice Wisconsin 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 interpreters
 - Information written in other languages

If you need these services, contact Customer Service.

If you believe that My Choice Wisconsin 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:

My Choice Wisconsin Member Rights
10201 West Innovation Drive, Suite 100
Wauwatosa, WI 53226

Toll-Free Phone Number: 1-800-963-0035 ext. 3448
TTY: Wisconsin Relay System 711
Fax: (608) 245-3821
Email: mrs@carewisc.org

If you need help filing a grievance, our Member Rights Specialists are 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

Toll-Free Phone Number: 1-800-368-1019
TDD: 800-537-7697

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