

Nondiscrimination Grievance Form Instructions

Please read these instructions carefully before completing this form.

When to use this form

Complete this form if you believe that Blue Cross and Blue Shield of Minnesota or Blue Plus has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender.

You may also file a grievance with the U.S. Department of Health and Human Services, Office of Civil Rights.

How to complete this form

This form must be completed and signed by one of the following:

- The person making the grievance
- The parent or legal guardian of a person making a grievance
- The personal representative of the person making the grievance (e.g. power of attorney, conservator, legal guardian, executor)

To complete this form:

- Fill in the name, address, member identification and telephone number of the person filing the grievance
- State your grievance and your preferred resolution for it
- Sign and date the form
- If you are making this complaint on behalf of someone else, state your name, address and relationship to that person

Mail this form to

Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560,
Eagan, MN 55164-0560

Or

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F
HHH Building
Washington, DC 20201

Nondiscrimination Grievance Form

If you believe that Blue Cross and Blue Shield of Minnesota or Blue Plus has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, please complete this form to file a grievance.

Name of Submitter: _____

Member Identification Number: _____ Daytime Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Are you submitting this information on the behalf of another individual? Yes No

If yes, please provide their information below:

Name: _____

Member Identification Number: _____ Daytime Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Please provide a narrative description of the grievance or problem and your ideal resolution in the space provided, or attach a separate sheet (please include names, dates and other specific applicable information whenever possible):

I attest that the statements made in this grievance are true and correct to the best of my knowledge and belief.

Name (please print): _____ Date (mm/dd/yy) _____

Signature: _____

Please send this form to the Nondiscrimination Civil Rights Coordinator by mailing it to:
Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560,
Eagan, MN 55164-0560



NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

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

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကပီကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
ဆဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

ಹಂಕರಿಸ್ತೇ ಇರಬೇಕಾದ ಕೆಲಸಗಳಿಗೆ ಸಹಾಯ ಮಾಡಲು ಸಿದ್ಧವಾಗಿರುತ್ತೇವೆ. 1-855-315-4030 ನಂಟರ್‌ನಲ್ಲಿ TTY ನಲ್ಲಿ 711.

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíik'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodílnih áqıęęıóáqęęıá. TTY biniyégo éí íáájı' béesh bee hodílnih.