

## Non-Discrimination Notice

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at [1-855-710-6984](tel:1-855-710-6984).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

**Office of Civil Rights Coordinator**

Attn: Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: [1-855-664-7270](tel:1-855-664-7270) (voicemail)

TTY/TDD: [1-855-661-6965](tel:1-855-661-6965)

Fax: [1-855-661-6960](tel:1-855-661-6960)

Email: [civilrightscoordinator@bcbsil.com](mailto:civilrightscoordinator@bcbsil.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

**U.S. Dept. of Health & Human Services**

200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: [1-800-368-1019](tel:1-800-368-1019)

TTY/TDD: [1-800-537-7697](tel:1-800-537-7697)

Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Complaint Forms: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

If you are a **Medicare** member, [view your Non-Discrimination Notice here](#).