

INSULATORS LOCAL 84

HEALTH CARE PLAN

33 Fitch Boulevard Austintown, Ohio 44515
Phone: (330) 779-8884 Fax: (330) 270-0912

NOTICE OF NONDISCRIMINATION

The Insulators Local 84 Health Care Plan (“Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan provides free aids and language services to people with disabilities and whose primary language is not English to communicate effectively such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Qualified interpreters
- Information written in other languages

If you need these services, contact by mail or Phone at:

BeneSys, Inc.
33 Fitch Avenue
Austintown, Ohio 44515.
Telephone: (330) 779-8884

It is the policy of the Plan not to discriminate on the basis of race, color, national origin, sex, age or disability. The Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the Plan office.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for the Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

If you believe that the 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 the Plan's Civil Rights Coordinator at:

Insulators Local 84 Health Care Plan Civil Rights Coordinator
c/o BeneSys, Inc.
33 Fitch Avenue Austintown, Ohio 44515.
Telephone: (330) 779-8884
Fax: (330) 270-0912

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, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.



ATTENTION: FOR FREE LANGUAGE ASSISTANCE CALL 1 (330) 779-8884

Language	Message About Language Assistance
Español Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (330) 779-8884.
繁體中文 Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (330) 779-8884.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1 (330) 779-8884.
Tiếng Việt Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (330) 779-8884.
한국어 Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (330) 779-8884. 번으로 전화해 주십시오.
العربية Arabic	ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 (330) 779-8884
Français French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (330) 779-8884.
Deutsch Pennsylvania Dutch	Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1 (330) 779-8884.
日本語 Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (330) 779-8884. まで、お電話にてご連絡ください。
Italiano Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (330) 779-8884.
Українська Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1 (330) 779-8884.
Русский Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1 (330) 779-8884.
Nederlands Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1 (330) 779-8884.
Română Romanian	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1 (330) 779-8884.
Cushite * Oroomiffa Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1 (330) 779-8884.

*Cushite written translated tagline is provided in the Oromo language.