

<u>Notice Regarding Nondiscrimination, Disability, and Language Access Services</u>
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The D.C. Health Benefit Exchange Authority (DC HBX) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DC HBX:

- Provides free support and services to people with disabilities to communicate effectively withus, 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:

DC Health Link Contact Center
Phone: (855) 532-5465
TTY: 711
Email: info@dchealthlink.com

If you believe that the D.C. Health Benefit Exchange Authority 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 in person or by mail, fax, or email. with: Jennifer Libster, Associate General Counsel, D.C. Health Benefit Exchange Authority, 1225 Eye Street NW, Suite 400, Washington DC 20005, (202) 715-7576, TTY: 711, 1557.grievance@dc.gov; Fax: (202) 730-1658. You must file a grievance within 60 days of the date you became aware of the alleged discriminatory action. Jennifer Libster is also available to help you with the grievance filing process.

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
1-800-868-1019, 1-800-537-7697 (TDD).

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