



Anthem Blue Cross and Blue Shield follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

Anthem is prohibited from discriminating on the basis of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

That means we won't exclude you or treat you differently because of these things.

### **Communicating with you is important**

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services at no cost to you, call Member Services at 844-912-0938 (TTY 711).

### **Your rights**

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, fax, or phone:

Medical Appeals	Phone: 844-912-0938 (TTY 711)
Anthem Blue Cross and Blue Shield	Fax: 866-587-3316
Grievance and Appeals Representative	Email: <a href="mailto:ohioga@anthem.com">ohioga@anthem.com</a>
P.O. Box 62429	
Virginia Beach, VA 23466-2429	

**[anthem.com/oh/medicaid](https://www.anthem.com/oh/medicaid)**

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Members also have the right to appeal or file directly with the Ohio Department of Medicaid (ODM) office of Civil Rights:

Appealing to or filing directly with the ODM Office of Civil Rights any complaints of discrimination on the basis of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, health status, or need for health services in the receipt of health services.

**Need help filing?** Call our Grievance and Appeals Representative at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Room 509F, HHH Building  
Washington, DC 20201
- **By phone:** 800-368-1019 (TTY/TDD 800-537-7697)

For a complaint form, visit [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).