

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

and Sample Nondiscrimination Statement: Discrimination is Against the Law

Magellan* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex or any other federally protected class. Magellan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex or any other federally protected class.

Magellan:

- Provides free aids and services to people with disabilities to communicate effectively with us, 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 your Magellan member service center.

If you believe that Magellan 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:

Dana Felman, Civil Rights Coordinator

P.O. Box 18025

Norfolk, VA 23501-1867

Tel 832-624-6731

Email: civilrightscordinator@exxonmobil.com

Magellan refers to all applicable subsidiaries and affiliates of Magellan Health, Inc. including but not limited to Magellan Healthcare, Inc., National Imaging Associates, Inc., Magellan Rx Management, LLC and Magellan Complete Care.

When you send a voice message please make sure you indicate your name, last name, DOB, state of residence and any other information to sufficiently identify yourself.

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

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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

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English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-442-4123 (TTY: 1-800-456-4006).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-442-4123 (TTY: 1-800-456-4006).
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 1-800-442-4123 (TTY: 1-800-456-4006)。
Vietnamese	CHU Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-442-4123 (TTY: 1-800-456-4006).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-442-4123 (TTY: 1-800-456-4006)번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-442-4123 (TTY: 1-800-456-4006).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-442-4123 (телетайп: 1-800-456-4006).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-442-4123 (رقم هاتف الصم والبكم: 1-800-456-4006).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-442-4123 (TTY: 1-800-456-4006).
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-442-4123 (ATS: 1-800-456-4006).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-442-4123 (TTY: 1-800-456-4006).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-442-4123 (TTY: 1-800-456-4006).
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。1-800-442-4123 (TTY: 1-800-456-4006) まで、お電話にてご連絡ください。
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-442-4123 (TTY: 1-800-456-4006).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-442-4123 (TTY: 1-800-456-4006).
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-442-4123 (TTY: 1-800-456-4006) تماس بگیرید.

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Navajo	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad , saad bee 1k1'1n7da'1wo'd66', t'11 jiiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-800-442-4123 (TTY: 1-800-456-4006.)
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