



Iron Road Healthcare Medicare Plan Nondiscrimination 2023

Nondiscrimination

The Iron Road Healthcare Medicare Plan (sponsored by UPREHS) does not discriminate based on race, ethnicity, nationality, origin, color, gender, mental or physical disability, religion, sex, health status, ethnicity, age, national origin, medical history, genetic information, evidence of insurability or geographic location.

Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals. Section 1557 has been in effect since its enactment in 2010 and the HHS Office for Civil Rights has been enforcing the provision since it was enacted.

If you believe that we have failed to provide these services or discriminated in another way based on race, ethnicity, nationality, origin, color, gender, mental or physical disability, religion, sex, health status, ethnicity, age, national origin, medical history, genetic information, evidence of insurability or geographic location you may send a complaint to:

Iron Road Healthcare Civil Rights Coordinator
1040 North 2200 West Suite 200
Salt Lake City, UT 84116
Phone: 1-800-547-0421 (MT), TTY/TDD use 711
Fax: 1-801-595-2069
Email: help@ironroadhealthcare.com

If you need help filing a complaint, or need this information in another format, including large print, please call our Member Services at 1-800-547-0421 MT, TTY/TDD 711 A representative will assist you.

You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Complaint forms are available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HI-IH Building Washington, D.C. 20211

Multi-language Interpreter Services

ATTENTION: If you speak a language other than English, then language assistance services are available to you free of charge. Please call 1-800-547-0421 our Customer Service representatives are available Monday through Friday, from 7:30am to 3:30pm, Mountain Time. TTY/TDD users call the national number 711.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話 號碼

XIN LUÚ Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

□ □ : □ □ □ **(Korean)** □ .
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PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

فيبرعلا ندحت تنك ادا (Arabic)، بلع دوجوملا ينجملا فناهلا مقر لع لاصيلا ءاجرلا. كل ٰحاتم فناجملأا قبورغلا قدعاصلما تامدخ نف
سنت. فيوضعلما فرعم:

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyé sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION: Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić

pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

پسروان امش نابز (Farsi) ترک يور هک پنگیار زفک مرامش اب افطل بشاب یم امش رایندا رد ناگیار رو ط هب پنگیز دادما تامدخ، بتسا رگا: هجوت بیریگ سامه هدش دین امش یپاساش

Úyānand: यिदआप **हिंदी(Hindi)** बोलतह, आपकोभाषासहायतासबाए, फ़िनःशब्देकउपलभथहाकपया अपन पहचान पत्र पर सचाँीबद्ध टोल-फ्री फ़ोन नबर परकॉलकरा

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ខេណូបអារម្មណ៍: ខែសន្វកនយោយភាសាខេណូ (Khmer) ខែសរីជនយោយភាសាំខាយតតក់តែង
តមានសរបអគ្គិសមទេសពាណិជ្ជកម្ម និងការបង្ហាញការងារ

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahé nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i!. T'áá shqodí ninaaltsoos nit'lizí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh hane'ibiká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.