

NOTICE OF NON-DISCRIMINATION

Highmark Blue Cross Blue Shield complies with Federal civil rights laws. **Highmark BCBS** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

Highmark BCBS provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Highmark BCBS** at 1-866-231-0847. For TTY/TDD services, call 711.

If you believe that **Highmark BCBS** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Kalisa Thomas – Manager I Grievance & Appeals.

- Mail: Member Complaints & Appeals P.O. Box 62429 Virginia Beach, VA 23466-2429
- Phone: 1-866-231-0847 (for TTY/TDD services, call 711)
- Fax: 1-844-759-5954
- In person: 1 Seneca Street Ste. 3400, Buffalo, NY 14203
- Email: WNY_Grievances_Appeals@mybcbswny.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

This notice is available at Highmark BCBS's website: <https://www.mybcbswny.com/stateplans>
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