

Blue Cross Community Health Plans (BCCHPSM) wants you to take charge of your health. Take part in:

- **Member Only Events**, such as Member Advisory Board meetings, Family Leadership Council, Medicaid 101 workshop
- **Community Events**, such as health fairs, festivals and well-child events

See monthly events in your area below.

BCCHP Medicaid Member Only Events (Registration is Required to Attend)

Due to spacing requirements, all attendees to BCCHP member only events must call to reserve their space. Please have your member ID ready when calling. We may not be able to admit walk-ins.

BCCHP Medicaid Member Only Events

Day/Time

Event

Location

Contact Phone Number:

Contact Phone Number:

Contact Phone Number:

Call **1-877-860-2837** (TTY/TDD: **711**), We are available 24 hours a day, seven (7) days a week. The call is free.

Community Events

Community events are open to the public to attend. Please read event listing for details. You do not have to be a BCCHP member to attend. BCCHP does not offer transportation to community events.

Community Events

Day/Time

Event

Location

Contact Phone Number:

Contact Phone Number:

Contact Phone Number:

Contact Phone Number:

Contact Phone Number:

If you have any questions, please call Member Services at **1-877-860-2837** (TTY/TDD **711**). We are available 24 hours a day, seven (7) days a week. The call is free. You can get this information for free in Spanish, or speak with someone about this information in other languages for free. Call **1-877-860-2837** (TTY/TDD: **711**). The call is free.

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

To ask for supportive aids and services, or materials in other formats and languages for free, please call,
1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- 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 Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois 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: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, 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>.

Blue Cross and Blue Shield of Illinois cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Blue Cross and Blue Shield of Illinois no excluye a las personas ni las trata diferente debido a raza, color, nacionalidad, edad, discapacidad o sexo.

Blue Cross and Blue Shield of Illinois:

- Proporciona servicios y ayuda de forma gratuita a las personas que tengan discapacidades para que puedan comunicarse de forma eficaz con nosotros, tales como:
 - intérpretes de lenguaje de señas capacitados;
 - información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios de idiomas gratuitos para las personas cuyo idioma principal no sea el inglés (English), tales como:
 - intérpretes capacitados;
 - información escrita en otros idiomas.

Si necesita de estos servicios, comuníquese con el Coordinador de Derechos Civiles.

Si cree que Blue Cross and Blue Shield of Illinois no le proporcionó estos servicios o lo discriminó de alguna manera por motivos de raza, color, país de origen, edad, discapacidad o sexo, puede presentar una inconformidad con: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hsc.net. Puede hacerlo en persona, por correo, por fax o correo electrónico. Si necesita ayuda para presentar una inconformidad, el Coordinador de Derechos Civiles está disponible para brindarle ayuda.

También puede presentar una queja por discriminación en la oficina de Derechos Civiles ante el Departamento de Salud y Servicios Humanos de los EE. UU. (*HHS*, en inglés), electrónicamente a través del Portal de quejas de derechos civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo o teléfono a:

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)

Los formularios de quejas se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

繁體中文 (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 **1-877-860-2837 (TTY/TDD: 711)**。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (ATS : 711)**.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)**번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (телетайп: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-778-068-7382 (رقم هاتف الصم والبكم: 117).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-860-2837 (TTY/TDD: 711)**.

أردو (Urdu): کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو، ہیں بولتے اردو آپ اگر: خبردار

1-877-860-2837 (TTY/TDD: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.