



BlueCross BlueShield
of Illinois

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at **1-855-710-6984**.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**

Email: CivilRightsCoordinator@hcsc.net

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

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**

Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you are a **Medicare** member, [access your Non-Discrimination Notice here](#) 📄

If you are a **Medicaid Blue Cross Community Health PlansSM** member, [access your Non-Discrimination Notice here](#) 📄

If you are a **Blue Cross Community MMAI (Medicare-Medicaid)SM** member, [access your Non-Discrimination Notice here](#) 📄

1.1-2021