

Discrimination is Against the Law

Evernorth and its affiliates, including Evernorth Care Group complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Evernorth Care Group does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Evernorth Care Group

- + Provides free assistive aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; or
 - 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; or
 - Information written in other languages

If you need these services, please contact your Evernorth Care Group Healthcare Center and ask a representative for assistance.

If you believe that Evernorth Care Group 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 by sending an email to ACAGrievance@cigna.com or by writing to the following address:

Language assistance services

ATTENTION: Language assistance services, free of charge, are available to you. **For current Cigna customers**, call the number on the back of your ID card. **Otherwise, call 1-800-244-6224** (TTY: Dial 711).

Spanish

ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. **Si es un cliente actual de Cigna**, llame al número que figura en el reverso de su tarjeta de identificación. **Si no lo es, llame al 1-800-244-6224** (los usuarios de TTY deben llamar al 711).

Navajo

BAA' ÁKONÍNÍZIN: Saad bee áka'e'eyeed bee áka'anída'awo'ígíí, t'áá jíík'éh, la' ná hólóogo át'é.
K'ad Cigna bil na'ayilniíhí niljigo, ninaaltsoos nít'izí bee nééhozinígíí bine'déé' béesh bee hane'í biká'ígíí bee hodíilnih. Nááná lahgo, kohji' **1-800-244-6224** (Hajéékałgo: 711 bil adadidíichił) bee hodíilnih.

Chinese

注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 **1-800-244-6224**（聽障專線：請撥 711）。

Vietnamese

XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. **Dành cho khách hàng hiện tại của Cigna**, vui lòng gọi số ở mặt sau thẻ Hội viên. **Các trường hợp khác xin gọi số 1-800-h244-6224** (TTY: Quay số 711).

Cigna

Nondiscrimination Complaint Coordinator
P.O. Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please send an email to ACAGrievance@cigna.com. 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
www.hhs.gov/ocr/office/file/index.html.

