

Non-discrimination Notice

Discrimination is against the law. DentaQuest follows State and Federal civil rights laws. DentaQuest does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

DentaQuest provides:

- Free aids and services to people with disabilities to help them communicate better, 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 primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact DentaQuest between Monday through Friday 8:00 a.m. to 5:00 p.m. by calling 1-833-479-1984. If you cannot hear or speak well, please call TTY: 1-800-466-7566.

Upon request, this document can be made available to you in braille, large print, audio-cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

DentaQuest

23291 Mill Creek Dr. Ste. 100, Laguna Hills, CA 92653

1-833-479-1984

TTY: 1-800-466-7566

California Relay 711

HOW TO FILE A GRIEVANCE

If you believe that DentaQuest has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with DentaQuest Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact DentaQuest Civil Rights Coordinator between 8:00 a.m. and 5:00 p.m. Monday through Friday by calling **1-833-479-1984**. Or, if you cannot hear or speak well, please call TTY: 1-800-466-7566 or 711.
- In writing: Fill out a complaint form or write a letter and send it to:
DentaQuest Civil Rights Coordinator
P.O. Box 9103 Van Nuys, CA 91409-9103
- In person: Visit your dentist office or DentaQuest and say you want to file a grievance.
- Electronically: Visit DentaQuest website at DentaQuest.com.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
 Complaint forms are available at
www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
 Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
- Electronically: Visit the Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Dental benefits are provided by California Dental Network. California Dental Network does business as DentaQuest. Throughout this document, California Dental Network is referred to as DentaQuest.

Language Assistance

English: ATTENTION: If you need help in your language, call 1-833-479-1984 (TTY: 1-800-466-7566 or 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-833-479-1984 (TTY: 1-800-466-7566 or 711). These services are free of charge.

Arabic:

"تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، اتصل على الرقم 1-833-479-1984 (للهاتف النصي: 1-800-466-7566 أو 711). وتتوفر أيضًا مساعدات وخدمات لذوي الإعاقات، مثل توفير الوثائق بلغة برايل وبخط كبير. اتصل على الرقم 1-833-479-1984 (للهاتف النصي: 1-800-466-7566 أو 711). وهذه الخدمات مجانية."

Armenian: Ուշադրութեամբ: Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-833-479-1984 (TTY՝ 1-800-466-7566 կամ 711) հեռախոսահամարով: Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ բրայլյան գրերով և խոշոր տառերով փաստաթղթերը: Չանգահարեք 1-833-479-1984 (TTY՝ 1-800-466-7566 կամ 711) հեռախոսահամարով: Այս ծառայություններն անվճար են:

Cambodian: សូមប្រុងប្រយ័ត្ន៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ ឬស្វាមីភាសាខ្មែរ 1-833-479-1984 (TTY: 1-800-466-7566 ឬ 711)។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់ជនមានពិការភាព ដូចជាឯកសារជាអក្សរ ស្លាប និងការបោះពុម្ពជាអក្សរធំក៏មានផងដែរ។ សូមហៅមកលេខ 1-833-479-1984 (TTY: 1-800-466-7566 ឬ 711)។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃទេ។

Chinese: 注意: 如果您需要使用您的语言获得帮助, 请拨打 1-833-479-1984 (TTY: 1-800-466-7566 或 711)。我们还提供为残障人士准备的辅助工具和服务, 例如盲文文件和大字版文件。请拨打 1-833-479-1984 (TTY: 1-800-466-7566 或 711)。这些服务是免费的。

Farsi:

"توجه: اگر به زبان مادری خود به راهنمایی احتیاج دارید، با شماره 1-833-479-1984 تماس بگیرید (کاربران TTY با شماره 1-800-466-7566 یا 711 تماس بگیرید). برای افراد دچار ناتوانی، کمک و خدماتی مثل اسناد در قالب خط بریل و چاپ با حروف درشت نیز امکان پذیر است. با شماره 1-833-479-1984 تماس بگیرید (کاربران TTY با شماره 1-800-466-7566 یا 711 تماس بگیرید). این خدمات رایگان هستند."

Hindi: ध्यान दें: मदद के लिए अगर आप अपनी भाषा का इस्तोमाल करना चाहते हैं, तो 1-833-479-1984 (TTY: 1-800-466-7566 या 711) पर कॉल करें। विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएँ भी उपलब्ध हैं। 1-833-479-1984 (TTY: 1-800-466-7566 या 711) पर कॉल करें। ये सेवाएँ नि:शुल्क हैं।

Hmong: UA TWB ZOO NYEEM: Yog koj xav tau kev pab ua koj hom lus, hu rau 1-833-479-1984 (TTY: 1-800-466-7566 los sis 711). Tsis tas li ntawd, tseem muaj cov kev pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li ua tus ntawv sur au neeg dig muag thiab luam ua ntawv loj. Hu rau 1-833-479-1984 (TTY: 1-800-466-7566 los sis 711). Cov kev pab cuam no yog pab dawb xwb.

Japanese: 注意: ご自身の言語での支援が必要な場合は、1-833-479-1984 にお電話ください (TTY: 1-800-466-7566 または 711)。点字や拡大印刷など、障がいのある方のための支援やサービスもご利用いただけます。1-833-479-1984 にお電話ください (TTY: 1-800-466-7566 または 711)。これらのサービスは無料です。

Korean: 주의: 귀하의 언어로 도움이 필요하다면 1-833-479-1984 (TTY: 1-800-466-7566 또는 711)로 전화하십시오. 장애인을 위한 보조 기구 및 서비스(예: 점자 및 큰 글씨로 된 문서) "주의: 귀하의 언어로 도움이 필요하다면 1-833-479-1984(TTY: 1-800-466-7566 또는 711)로 전화하십시오. 이러한 서비스는 무료입니다."도 이용할 수 있습니다. 1-833-479-1984(TTY: 1-800-466-7566 또는 711)로 전화하십시오. 이러한 서비스는 무료입니다.

Laotian: ສໍາຄັນ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-833-479-1984 (TTY: 1-800-466-7566 ຫຼື 711). ນອກຈາກນີ້, ຍັງການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ພິມຂະໜາດໃຫຍ່. ໂທຫາ 1-833-479-1984 (TTY: 1-800-466-7566 ຫຼື 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣີ.

BAAUX NYEI CIM: Gaengx nzaangc nzuiv baux nyei mbanh, daah 1-833-479-1984 (TTY: 1-800-466-7566 or 711). Baux nyei nzuiv cingh nzuhih nyei mbanh aenx nyei, daaih nzuhih njiec mbuoz bae braille haaux daaih mbuo, mbuo vungh nyei. Daah 1-833-479-1984 (TTY: 1-800-466-7566 or 711). Baux nyei vungh mbuo ga'aeq.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ 1-833-479-1984 (TTY: 1-800-466-7566 ਜਾਂ 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-833-479-1984 (TTY: 1-800-466-7566 ਜਾਂ 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Russian: ВНИМАНИЕ! Если Вам нужна помощь на Вашем языке, позвоните по телефону 1-833-479-1984 (TTY: 1-800-466-7566 или 711). Также доступны средства и услуги для людей с ограниченными возможностями, например, документы, напечатанные шрифтом Брайля или крупным шрифтом. Позвоните по телефону 1-833-479-1984 (TTY: 1-800-466-7566 или 711). Эти услуги предоставляются бесплатно.

Spanish: ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-833-479-1984 (TTY: 1-800-466-7566 o 711). También hay disponibilidad de ayudas y servicios para personas con discapacidades, como documentos en braille y en letra grande. Llame al 1-833-479-1984 (TTY: 1-800-466-7566 o 711). Estos servicios son gratuitos.

Tagalog: PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-833-479-1984 (TTY: 1-800-466-7566 o 711). Mayroon ding mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-833-479-1984 (TTY: 1-800-466-7566 o 711). Libre ang mga serbisyonang ito.

Thai: โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ ให้โทร 1-833-479-1984 (TTY: 1-800-466-7566 หรือ 711) นอกจากนี้ ยังมีบริการช่วยเหลือและบริการต่าง ๆ สำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์และเอกสารตัวพิมพ์ใหญ่ด้วย โทร 1-833-479-1984 (TTY: 1-800-466-7566 หรือ 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Ukrainian: УВАГА: Якщо вам потрібна допомога на вашій мові, телефонуйте 1-833-479-1984 (TTY: 1-800-466-7566 або 711). Також доступні засоби допомоги та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте 1-833-479-1984 (TTY: 1-800-466-7566 або 711). Ці послуги безкоштовні.

Vietnamese: LƯU Ý: Nếu cần giúp đỡ bằng ngôn ngữ của quý vị, xin gọi số 1-833-479-1984 (TTY: 1-800-466-7566 hoặc 711). Chúng tôi cũng có các dịch vụ và hỗ trợ người khuyết tật, như các tài liệu bằng chữ Braille và in cỡ lớn. Gọi số 1-833-479-1984 (TTY: 1-800-466-7566 hoặc 711). Các dịch vụ này miễn phí.