COVER TENNESSEE

Notice of Fair Treatment

Federal and State laws protect your rights. They do not allow anyone to be treated in a different way because of:

Race	Language	Sex	Age
Color	Birthplace	Disability	Religion

The Cover Tennessee Programs do not deny any person the right to have or work for CoverKids, HealthyTNBabies, CoverTN, and AccessTN for the reasons listed above.

These laws give you these rights:

- Title VI of the Civil Rights Act of 1964 (42 USC 2000 *et seq.*),
- Section 504 of the Rehabilitation Act of 1973 (29 USC 794 *et seq.*),
- The Age Discrimination Act of 1975 (42 USC 6101 *et seq.*), and
- The Americans with Disabilities Act (42 USC 12101 *et seq.*).

Do you have questions? Need help? Do you want to file a complaint? Please contact:

Cover Tennessee Office of Non-Discrimination Compliance
ATTN: Director of Non-Discrimination Compliance
310 Great Circle Road, 4th Floor
Nashville, TN 37243
Phone: **Toll-Free (855) 286-9085** or **For TTY/TDD dial 711 and ask for 855-286-9085**
Fax: (615) 253-2917

Do you need help in another language? العربية *(Arabic);* **Bosanski** *(Bosnian);* کوردی — بادینانی *(Kurdish-Badinani);* کوردی — سۆرانی *(Kurdish-Sorani);* **Soomaali** *(Somali);* **Español** *(Spanish);* **Người Việt** *(Vietnamese)* Language help is free at (800) 758-1638.

AccessTN, CoverTN and CoverKids language and member services are free
Monday-Friday, 8 a.m. to 6 p.m. ET.
AccessTN members call 1-866-636-0080. CoverTN members call 1-888-887-3224.
CoverKids and HealthyTNBabies members call 1-888-325-8386.
For TDD/TTY help call 1-866-591-2908.
BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

COVER TENNESSEE

HOW TO REPORT A DISCRIMINATION COMPLAINT

Do you think you have been treated differently because of your race, color, birthplace, disability, age, sex, or religion? You or someone on your behalf can report a complaint with the Cover Tennessee Programs or BlueCross BlueShield of Tennessee, Inc. ("BCBST").

Complaints must be reported by 180 days (6 months) from the date you think you were treated in a different way. You may have more than 180 days to report your complaint if there is a good reason why you waited (like a serious illness or death in your family). The 180-day deadline may be increased if you can give a good reason for the delay in reporting your complaint to your Cover Tennessee Program.

A complaint may be reported by using the complaint page at http://www.bcbst.com/members/cover-tennessee/fair_treatment/FairTreatmentComplaintForm_English.pdf or by mailing a written complaint. This information must be on your complaint:

- **Your name, address and telephone number.** You must sign your name. If you file a complaint on someone's behalf, include your name, address, telephone number, and your relationship to that person--example: wife, sister, lawyer, friend.
- **Name and address of the program (CoverKids, CoverTN, AccessTN, HealthyTNBabies) you think treated you in a different way.**
- **How, why, and when you think you were treated in a different way.**
- **Any other important information.**

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You can report a complaint to:

U.S. Department of Health & Human Services – Region IV Office for Civil Rights
You can call: 1-800-368-1019
TDD: 1-800-537-7697

You can also write to:

U.S. DHHS/Region IV Office for Civil Rights
61 Forsyth Street, S.W. – Suite 16T70
Atlanta, GA 30303-8904
Fax: (404) 562-7881