

Notice About Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

The University of Texas SELECT, Dental SELECT, and UT FLEX health plans comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University of Texas SELECT, Dental SELECT, and UT FLEX health plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The University of Texas SELECT, Dental SELECT, and UT FLEX health plans:

Provide 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 the UT Office of Employee Services.

If you believe that The University of Texas SELECT Medical, SELECT Dental, and UT FLEX health plans have 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: The UT Office of Employee Services, 210 W. 6th Street, Suite B.140E, Austin, Texas 78701, (512) 499-4587, (512) 499-4395, esc@utsystem.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the UT Office of Employee Services 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>.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al UT SELECT Medical 1- 866-882-2034

UT SELECT Prescription Drug 1- 800-818-0155

UT SELECT Medicare Part D 1-800-860-7849 (TTY: 1-800-716-3231)

UT SELECT Dental 1-800-893-3582

UT FLEX 1-844-887-3539

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số UT SELECT Medical 1- 866-882-2034

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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

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Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

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Arabic

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك.
بالمجان : ملحوظة اتصل برقم

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رقم هاتف الصم والبكم

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

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Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa

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French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le

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Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मु त में भाषा सहायता सेवाएं उपलब्ध हैं।

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पर कॉल करें।

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ສັບຊ້າ, ແມ່ນມີຮັບໃຫ້ທ່ານ. ໂທ

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Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با

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تماس بگیرید

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer:

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Gujarati:

ધ્યાન આપો: જો તમે ગજરાતી ુ બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિન:શલ્ક ુ ઉપલબ્ધ છે.

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પર કલકર

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните

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Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

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まで、お電話にてご連絡ください。