



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, CoverRx, 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 language help? Call 1-800-874-8426 or for TDD/TTY help call 1-800-899-2114.

Need Member Services help? Call 1-888-560-2649. Federal and state laws protect your rights.

No one is treated in a different way because of race, color, birthplace, religion, language, sex, age or disability/handicap.

Need help? Call the Office of Non-Discrimination Compliance for free at 1-855-286-9085 or for TTY/TDD dial 711 and ask for 855-286-9085.

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 Express Scripts Inc.

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 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, CoverRx, 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: (404)562-7453

TDD: (404) 562-7884

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