

Dell Children’s Health Plan follows Federal civil rights laws. We don’t discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

That means we won’t exclude you or treat you differently because of these things.

### **Communicating with you is important**

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Member Advocate at 1-888-596-0268 (TTY 711).

### **Your rights**

Do you feel you didn’t get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Member Advocate – Dell Children’s Health Plan  
823 Congress Ave., Suite 400  
Austin, TX 78701

Phone: 1-888-596-0268 (TTY 711)  
Fax: 512-382-4965  
Email: [dl-txdelladvocate@anthem.com](mailto:dl-txdelladvocate@anthem.com)

**Need help filing?** Call our Member Advocate at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).