

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

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AFFORDABLE CARE ACT **NOTICE OF NONDISCRIMINATION**

Discrimination is Against the Law

The Northern California Pipe Trades Health and Welfare Plan (“the Plan”) is required by the Affordable Care Act to provide you with this Notice of Nondiscrimination about your rights under the law. The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex. For example, the law requires that women be treated equally with men in the health care they receive and prohibits the denial of health coverage based on pregnancy, gender identity and sex stereotyping.

The Plan:

- Provides 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 any of the above services, please contact the Trust Fund Office at (925) 356-8921.

Your Right to File Grievance & Appeal with the Plan’s Civil Rights Coordinator

If you believe that the Plan has 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 written grievance (including an appeal) in person or by mail, fax, or email with the Plan’s Civil Rights Coordinator at the contact below. If you have questions on the Plan’s grievance procedures or need help filing a grievance, please contact the Plan’s Civil Rights Coordinator, Kim Biagi.

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Fax: (925) 356-8938
E-mail: tfo@ncpttf.com

You can also file a grievance with Kaiser Permanente by calling (800) 278-3296 or Blue Shield by calling (855) 256-9404. For information about Kaiser or Blue Shield’s grievance procedures please refer to your Kaiser or Blue Shield Evidence of Coverage booklet.

Your Right to File Complaint with the U.S. Department of HHS

The availability of the Plan’s grievance procedure does not prevent you from pursuing other legal remedies. 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, DC 20201,
Telephone: 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

For more information

For more information about the ACA Nondiscrimination rules, please visit www.hhs.gov/civil-rights/for-individuals/section-1557.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (925) 356-8921.

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 (925) 356-8921。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (925) 356-8921.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 (925) 356-8921 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (925) 356-8921.

ՈՒՇԱՂՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք (925) 356-8921..

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (925) 356-8921.

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。(925) 356-8921 まで、お電話にてご連絡ください。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (925) 356-8921 'ਤੇ ਕਾਲ ਕਰੋ।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (925) 356-8921.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយអ្នកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (925) 356-8921។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (925) 356-8921.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (925) 356-8921) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (925) 356-8921- تماس بگیرید