



Non-Discrimination Notice

Longevity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Longevity Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Longevity Health 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 (e.g., large print, audio, accessible electronic formats, Braille, 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 Longevity Health Plan's Member Services at the contact information below.

If you believe that Longevity Health 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 grievance with: Longevity Health Plan, P.O. Box 5850, Glen Allen, VA 23058; (888) 808-8995; (TTY 711); fax: 800-335-0270; email: Compliance@longevityhealthplan.com.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Longevity Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services at the Office for Civil Rights Complaint Portal, 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, 1-800-368-1019 TTY/TDD: 1-800-537-7637 (TDD).

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

DATA CONTAINED IN THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY INFORMATION AND ITS DUPLICATION USE OR DISCLOSURE IS PROHIBITED WITHOUT PRIOR APPROVAL OF LONGEVITY HEALTH PLAN

© 2019 Longevity Health Plan

H1644_2020DNFL_C



Non-Discrimination Notice

Longevity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Longevity Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Longevity Health 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 (e.g., large print, audio, accessible electronic formats, Braille, 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 Longevity Health Plan's Member Services at the contact information below.

If you believe that Longevity Health 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 grievance with: Longevity Health Plan, P.O. Box 5850, Glen Allen, VA 23058; (888) 808-8995; (TTY 711); fax: 800-335-0270; email: Compliance@longevityhealthplan.com.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Longevity Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services at the Office for Civil Rights Complaint Portal, 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, 1-800-368-1019 TTY/TDD: 1-800-537-7637 (TDD).

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

DATA CONTAINED IN THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY INFORMATION AND ITS DUPLICATION USE OR DISCLOSURE IS PROHIBITED WITHOUT PRIOR APPROVAL OF LONGEVITY HEALTH PLAN

© 2019 Longevity Health Plan

H8457_2020DNNY_C



Non-Discrimination Notice

Longevity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Longevity Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Longevity Health 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 (e.g., large print, audio, accessible electronic formats, Braille, 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 Longevity Health Plan's Member Services at the contact information below.

If you believe that Longevity Health 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 grievance with: Longevity Health Plan, P.O. Box 5850, Glen Allen, VA 23058; (888) 808-8995; (TTY 711); fax: 800-335-0270; email: Compliance@longevityhealthplan.com.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Longevity Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services at the Office for Civil Rights Complaint Portal, 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, 1-800-368-1019 TTY/TDD: 1-800-537-7637 (TDD).

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

DATA CONTAINED IN THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY INFORMATION AND ITS DUPLICATION USE OR DISCLOSURE IS PROHIBITED WITHOUT PRIOR APPROVAL OF LONGEVITY HEALTH PLAN

© 2019 Longevity Health Plan

H9095_2020NDNOK_C



Non-Discrimination Notice

Longevity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Longevity Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Longevity Health 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 (e.g., large print, audio, accessible electronic formats, Braille, 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 Longevity Health Plan's Member Services at the contact information below.

If you believe that Longevity Health 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 grievance with: Longevity Health Plan, P.O. Box 5850, Glen Allen, VA 23058; (888) 808-8995; (TTY 711); fax: 800-335-0270; email: Compliance@longevityhealthplan.com.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Longevity Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services at the Office for Civil Rights Complaint Portal, 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, 1-800-368-1019 TTY/TDD: 1-800-537-7637 (TDD).

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

DATA CONTAINED IN THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY INFORMATION AND ITS DUPLICATION USE OR DISCLOSURE IS PROHIBITED WITHOUT PRIOR APPROVAL OF LONGEVITY HEALTH PLAN

© 2019 Longevity Health Plan

H9942_2020DNNJ_C



Non-Discrimination Notice

Longevity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Longevity Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Longevity Health 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 (e.g., large print, audio, accessible electronic formats, Braille, 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 Longevity Health Plan's Member Services at the contact information below.

If you believe that Longevity Health 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 grievance with: Longevity Health Plan, P.O. Box 5850, Glen Allen, VA 23058; (888) 808-8995; (TTY 711); fax: 800-335-0270; email: Compliance@longevityhealthplan.com.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Longevity Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services at the Office for Civil Rights Complaint Portal, 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, 1-800-368-1019 TTY/TDD: 1-800-537-7637 (TDD).

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

DATA CONTAINED IN THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY INFORMATION AND ITS DUPLICATION USE OR DISCLOSURE IS PROHIBITED WITHOUT PRIOR APPROVAL OF LONGEVITY HEALTH PLAN

© 2019 Longevity Health Plan

H9590_2020NDNIL_C