



## **IMPORTANT NOTICE: Medicare Provider Network Changes**

<October 2017>

<Member Name>  
<Member Address>  
<Address>

Dear <member name>:

Thank you for choosing Harbor as your health plan. This letter is to let you know of a change in Harbor's network of providers.

We are sorry to tell you we are no longer joined with:

- Beaumont Health System – As of **September 15, 2017**
- Botsford General Hospital – As of **September 15, 2017**
- Oakwood – As of **November 15, 2017**,
- McLaren Physician Partners – As of **November 15, 2017**

### **What do you need to do?**

If you have a Primary Care Provider (PCP) with any of these provider groups, please contact us and we will be happy to assist you with getting a new PCP. Also, if you have a concern about the care you are currently receiving, please contact us.

If you need more information, please call us at 855-343-9245, TTY 711, hours of 8:00 am to 8 pm. Tell the customer service representative you got this letter.

Thank you for being a valued HARBOR HEALTH PLAN member. We value your membership and apologize for any inconvenience.

Sincerely,

Member Services

Harbor Health Plan, Inc. is an HMO plan with a Medicare contract. Enrollment in Harbor Health Plan, Inc. depends on contract renewal.

H7960\_H055-2017A

## **Nondiscrimination Notice and Language Assistance Services**

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

### **Harbor 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 (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 Member Services. If you believe that Harbor Health Plan has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance directly with the plan at:

Harbor Health Plan  
Grievances & Appeals Department  
3663 Woodward Avenue, Suite 120  
Detroit, MI 48201

You can also file a grievance with Celeste Davis, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, by mail:

Celeste Davis  
Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Ste. 240  
Chicago, IL 60601

You may reach Celeste Davis by phone at (800) 368-1019, TDD (800) 537-7697. Her fax number is (202) 619-3818. She can be reached by email at [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov).

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 online [here](#) or by mail:

U.S. Department of Health and Human Services  
20 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can file a civil right complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by calling (800) 368-1019 or TDD (800) 537-7697.

## Multi-language Interpreter Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-343-9243 (TTY: 711).

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-343-9243 (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-343-9243 (رقم هاتف الصم والبكم: 711)

**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 1-855-343-9243 (TTY : 711)。

**Assyrian:** ملاحظو: اذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-343-9243 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-343-9243 (TTY: 711).

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-343-9243 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-343-9243 (TTY: 711) 번으로 전화해 주십시오.

**Bengali:** লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৫৫-৩৪৩-৯২৪৩ (TTY: ৭১১)।

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-343-9243 (TTY: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-343-9243 (TTY: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-343-9243 (TTY: 711).

**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。1-855-343-9243 (TTY: 711) まで、お電話にてご連絡ください。

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам оступны бесплатные услуги перевода. Звоните 1-855-343-9243 (телетайп: 711).

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-343-9243 (TTY-Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-343-9243 (TTY: 711).