

Section 1557 of the Patient Protection and Affordable Care Act (ACA)

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Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Covered California provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats). Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Civil Rights Coordinator at 1-916-228-8764 or by email at CivilRights@covered.ca.gov.

If you believe that Covered California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with the Civil Rights Coordinator.

You can file a grievance in the following ways:

Mail: Civil Rights Coordinator
P.O. Box 989725
West Sacramento, CA 95798-9725

Phone: 1-916-228-8764

Fax: 1-916-228-8909

Email: CivilRights@covered.ca.gov

You can also file a civil rights complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services.

Mail: U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 or TTY: 1-800-537-7697

Online: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
Complaint forms are available on the U.S. Department of Health and Human Services Office for Civil Rights website.

