

Get the tools you need for better health

Claim your welcome kit today.

With Omada® you'll get private, personal support from a health coach and clinical specialist to make small, simple changes to the way you eat, move, sleep, and manage stress, if you're eligible to join.

**Plus, a welcome kit with smart devices
to track your progress along the way***



QR CODE
PLACEHOLDER

Claim my welcome kit
omadahealth.com/BluePlus

If you or your adult (age 18+) family members are at risk for type 2 diabetes or heart disease or are living with diabetes or high blood pressure, enrolled in a Blue Plus health plan, and eligible for the Omada program, Blue Plus will provide the Omada program as part of your health plan.

Images, including apps, do not reflect real members or information about a specific person.

Omada is included in your SecureBlueSM (HMO SNP) benefits, if eligible.

Omada® is a personalized program that fits easily into your busy life, so you can make healthy choices without feeling overwhelmed when living with chronic conditions like diabetes or high blood pressure.

The program includes

- ✓ An Omada health coach and clinical specialist
- ✓ A personalized care plan and weekly lessons
- ✓ Tools for managing stress
- ✓ Online peer group and communities
- ✓ A welcome kit with smart devices to help track and monitor progress



How do I get started?

You'll get an email within 48 hours letting you know if you are eligible
5-10 min

Personalize your experience by answering a few questions.
10 min

Receive welcome kit with your connected smart devices.

+

Meet your health coach and connect with your online peer group.

1-2 weeks



Kick off on a Sunday with an introduction from your health coach and your first lesson.

“ Members love Omada

“Omada has been great. I have never tracked my blood glucose, and they have taught me how to track, what the numbers mean, and how I can make better choices to keep it steady.”
- Cheryl, Omada member

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Images used are not real members. Testimonials are based on members' real experiences and individual results. We do not claim that these are typical results that members will achieve. Results may vary.

*Certain features and smart devices are only available for certain programs and if you meet program and clinical eligibility requirements. CGMs are only available if you qualify for the diabetes program. CGMs also require a prescription and a compatible smartphone. You will receive two (2) CGM sensors - one after you enroll and the other at the six month follow-up. Please safely discard this mailer if you have already taken action or if you believe this program is not applicable to you.

The Omada Program is from Omada Health, Inc., an independent company providing digital care programs.

If you have questions about your health plan, you can also reach out to Member Services at 888-740-6013 (TTY 711), 8 a.m. to 8 p.m. seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.

SecureBlueSM (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance program to provide benefits of both programs to enrollees enrollment in SecureBlue depends on contract renewal.

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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NO ENGLISH



1-888-740-6013

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ፡- አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለዎንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

মনোযোগ: আপনি যদি বাংলায় কথা বলেন, তাহলে আপনার জন্য ভাষা সহায়তা পরিষেবা বিনামূল্যে এবং অপ্রয়োজনীয় বিলম্ব ছাড়াই পাওয়া যায়। এছাড়াও, একটি সহজলভ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সরঞ্জাম এবং পরিষেবা বিনামূল্যে এবং সময়েপযোগীভাবে পাওয়া যায়। উপরের নম্বরে কল করুন অথবা আপনার প্রোভাইডারের সাথে কথা বলুন। Bengali

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မီ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាភក្តិភាសាខ្មែរមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ នឹងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយគិតគិតថ្លៃ នឹងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវាបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

Á, DÉ YAWÁ PO! Dakhód'iyaye hécinhan, iyápi-wóokiye isíchona yan ké. Ka nakún wanáh'unpi-wóokiye isíchona yan ké. Héched wónah'un kin iyóhiphiča dó. Wóokiye kin dená isíchona icúphiča nahán yuthéhanšniyan icúphiča dó. Wičhókiye kin dená iwánkab, wóiyawa wan yan ké kin mas'ákiphapi na wóokiye-wicháša kičí wóhdaka po. Dakota

NO ENGLISH



1-888-740-6013

TRS: 711

PAUNAWA: Kung nagsasalita ka ng Filipino, ang mga libreng serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad at walang hindi kinakailangang pagkaantala. may mga angkop na pantulong na kagamitan at serbisyo upang maibigay ang impormasyon sa naaangkop na anyo, nang libre at sa tamang oras. Mangyaring tawagan ang numero sa itaas o makipag-usap sa iyong provider. Filipino

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

સાવધાન: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાયની મફત સેવાઓ તમારા માટે નિ:શુલ્ક અને બિનજરૂરી વિલંબ વગર ઉપલબ્ધ છે. વધુમાં, સુલભ પ્રારૂપમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ નિ:શુલ્ક અને સમયસર ઉપલબ્ધ છે. કૃપા કરીને ઉપરના નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. Gujarati

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ नि:शुल्क और बिना किसी अनावश्यक देरी के उपलब्ध हैं। इसके अतिरिक्त, सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ नि:शुल्क और समय पर उपलब्ध हैं। कृपया ऊपर दिए गए नंबर पर कॉल करें या अपने प्रदाता से बात करें। Hindi

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

ဟ်သျှပ်ဟ်သး- နမ့်ကတိကညီကိုင်အယ်, နမ့်န့် ကိုင်တံဆိပ်ထွဲမၤစၤ လၢတလက်ညှပ်လက်စ့ၤ ဒီးတအိဉ်ဒီး တံမၤယံာ်မၤနီၤသးဘဉ်န့ၣ်လီၤ. အါန့ၢ်အန့ၢ်, တံအိဉ်စၢ်ကီးဒီး တံမၤစၤတံနီၤဟ့ၣ်ဒီး တံမၤစၤတံမၤတဖၣ် လၢကဟ့ၣ်တံဂံၢ်တံကိၣ် လၢပုၤအါဂၢၢ်နီၤပၢ်အီၤသ့ လၢတအိဉ်ဒီးအဘျးအလဲ ဒီးချူးဆၢချူးကတီၢ်န့ၣ်လီၤ. ဝံသးစ့ၤ ကိးနီဉ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတံဒီး ပုၤလၢအဟ့ၣ်နီၤတံမၤစၤ တက့ၢ်. ကညီကိုင် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ناگاداری: ئەگەر تۆ بە زمانی کوردیی سۆرانی قسە دەکهیت، ئەوا خزمەتگوزاری هاوکاری زمان بە بێبەرامبەر و بێی دواکەوتنی ناپۆیست لەبەر دەستندایە. جگە لەمۆش، هاوکاری و خزمەتگوزاری یارمەتیدەرە گونجاوێکیان بۆ داڕێژدانی زانیاری بە شێوەی گونجاو بێی بەرامبەر و هاوکات بەردەستەن. تکایە پەیوەندی بە ژمارەیەکی سەر مۆه بکە یان لەگەڵ داڕێژەر مەکەندە قسە بکەن.

Kurdish Sorani

کوردی سۆرانی

NO ENGLISH



1-888-740-6013

TRS: 711

BALDARÎ: Heke hûn bi Kurdîya Kurmancî diaxivîn, xizmetên alîkarîya ziman bêpere û bêyî derengmayîneke nehewce ji we re peyda dibin. Her wiha, hevkarîyên guncaw û karûbarên alîkar bêpere û di heman demê de ji bo dabînkirina agahdariya guncaw hene. Ji kerema xwe bi jimareya jorîn re telefon bikin an jî bi dabîinkerê xwe re bixivîn. Kurdish Kurmanji

Á, LÉ YAWÁ PO! Lakhól'iyaye héçi, iyápi-wóokiye išíçhola yaŋké. Nahán nakúŋ wanáh'unpi-wóokiye išíçhola yaŋké. Héçhel wónah'un kiŋ iyóhiphiča yeló. Wóokiye kiŋ lená išíçhola icúphiča nahán yuthéhaŋšniyaŋ icúphiča yeló. Wiçhóiyé kiŋ lená iwánkab, wóiyawa waŋ yaŋké kiŋ mas'ákiphapi na wóokiye-wiçháša kiçhí wóglaka po. Lakota

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໃຫ້ທາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

注意：如果您说简体中文，您可以免费获得语言协助服务，且不会有不必要的延误。此外，还能免费及时获取以无障碍格式提供信息的适当辅助工具和服务。请拨打上面的电话号码，或与您的服务提供商沟通。 Mandarin (Simplified Chinese)

PALE RO PINY: Mi ruaci ke thok Nuärä, luäk mi lor ke kuic thuok kene lät tin jiëke tää thin baan a thiel mi yuor ke piny kä thiele mi gaal je. Min dää nyok ke mat thin, e luäk mi dädien kene lät tin kökien tin nöön ke läri ke duop min jiëke kee tää ke thin baan thile mi yuorke piny ke kuicdien ke guath mi goa. Mi nhok i je yotni nämbär emo tää nhial o ikä kie ruacni ke ram min luäkdü. Nuer

MAH BIZ'SIN'DAN: Keesh'pin, keen Ojibwe'mo, kaa'ween ina'gin'de wiji'kaa'kii'ki'do miina'waa ke'nebe-naa'ta'maw chi'nis'too'ta'man noon'goom. Da'kon'an, wee'chi'ma'zinaa'beke'webene'kan'an ozhe'che'kan miina'waa kinah ozhee'bee'geh ma'zenah'egan'an kaa'ween ina'gin'de miina'waa da'daa'ta'be'bee'an. Da'gah'na'sa ka'noozh aseh'ge'beh'egan ish'peh'meng ge'maa kee'kidoon wii'doo'kaa'geh. Ojibwe

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos e sem demoras desnecessárias. Além disso, estão disponíveis, gratuitamente e numa forma atempada, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Por favor, contacte o número acima ou fale com o seu prestador de serviços. Portuguese

NO ENGLISH



1-888-740-6013

TRS: 711

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проволочек. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

PAŽNJA: Ako govorite srpski, besplatne usluge jezičke pomoći su vam dostupne besplatno i bez nepotrebnog odlaganja. Pored toga, odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima dostupne su besplatno i blagovremeno. Molimo vas da pozovete gore navedeni broj ili razgovarate sa vašim pružateljem usluga. Serbian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqtiigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

ZINGATIO: Ikiwa unazungumza Kiswahili, huduma za msaada wa lugha zinapatikana kwa ajili yako bila malipo na bila ucheleweshaji usio wa lazima. Aidha, vifaa saidizi vya mawasiliano na huduma kwa walemavu ili kutoa habari katika miundo inayofikika zinapatikana bila malipo na kwa wakati. Tafadhali piga simu kwa namba ya hapo juu au zungumza na mtoa huduma wako. Swahili

መተላለፍ:- ትግርኛ ተዛራቢ እንተኾይኖም ፤ ናጻ ናይ ቋንቋ ሓገዝ ግልጋሎታት ብዘይምድንጓይ ምርኩብ ይኸእሉ እዮም። ብተወሳኺ ሓበሬታ ብቐሊሉ ምርኩብ ብዝከአል ቅርጽታት ንምቕራብ ፤ ግቡእ ናይ ምስማዕ ሓገዝን ግልጋሎታትን ካብ ክፍሊት ናጻ ብዝኾነን ግዚኡ ብዝሓለወን መልኰ ይርከቡ። ብይዝኦም ኣብ ላዕሊ ናብ ዘሎ ቐጽሪ ይደውሉ ወይድማ መቐረቢኦም የዘራርቡ። Tigrinya

УВАГА: Якщо ви розмовляєте українською мовою, ви можете скористатися послугами мовної підтримки безкоштовно та без зайвих зволікань. Ви також можете безкоштовно та оперативно отримати відповідні допоміжні засоби та послуги з надання інформації у доступному форматі. Зателефонуйте за вказаним вище номером або поговоріть зі своїм постачальником послуг. Ukrainian

LUU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

ÌKÉDE PÀTÀKÌ: Tí o bá leè sọ èdè Yorùbá, àwọn ètò ìrànlowó èdè wà fún ọ ní ọfẹ tí kò sì ní ìdènà nínú. Ní àfikún, àwọn ilàà nì sẹ àtí ohun èlò ìrànlowó tó pé ye wá ní èkúnreré láti pèsè àlàyé èyíkéyíí tí o bá nílò ní ọfẹ àtí ní òrèkòorè. Jòwọ, pe ẹrọ Ìbáńsẹ̀rò tó wà lókè tàbí kí o bá aṣójú rẹ sọrò. Yoruba

Civil Rights Notice

Discrimination is against the law. Blue Plus does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Nondiscrimination Civil Rights Coordinator

Blue Cross and Blue Shield of Minnesota and Blue Plus

1800 Yankee Doodle Road, Eagan, MN 55121

Toll Free: 1-800-509-5312, TTY: 711

Fax: 651-662-9478

Email: Civil.Rights.Coord@bluecrossmn.com

Auxiliary Aids and Services: Blue Plus provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs.

Contact Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call SecureBlue Member Services at 1-888-740-6013, TTY 711, or your preferred relay services. The call is free.

Language Assistance Services: Blue Plus provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Blue Plus at

Civil.Rights.Coord@bluecrossmn.com, or call SecureBlue Member Services at 1-888-740-6013, TTY 711, or your preferred relay services. The call is free.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201, St. Paul, MN 55104
651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042
(fax) Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.