

California Language Preference Form
(Formulario de preferencia de idioma para California)

**NOTICE
(AVISO)**

You have a right to language assistance services at no charge to you, including translation of certain plan documents in Spanish and interpretation in any language regarding your dental treatment. If you need language assistance for dental care or if you want to tell us your spoken and written language preference, please call United Concordia at **(866) 357-3304** or visit our Web site at www.unitedconcordia.com or inform your dentist.

Usted tiene derecho a recibir servicios de asistencia lingüística sin cargo alguno, incluso a la traducción al español de ciertos documentos del plan y a la interpretación a cualquier idioma en lo que respecta a su tratamiento dental. Si necesita asistencia lingüística para la atención dental o quiere indicarnos en qué idioma prefiere que se le hable y escriba, llame a United Concordia al **(866) 357-3304**, visite nuestro sitio de Internet en www.unitedconcordia.com o informe a su dentista.

**TO SUBMIT
(PARA ENVIAR)**

United Concordia would like to make it as easy as possible to use and understand your dental benefits. To help us do that, please complete the preference form located on the back and return with your completed enrollment form if you have not already provided us this information. All information will be kept confidential and is not a requirement in order to receive dental benefits.

United Concordia quiere facilitarle lo más posible la comprensión y la utilización de sus beneficios dentales. Para ayudarnos a lograrlo, llene el formulario de preferencia que aparece al reverso y envíelo con su formulario de inscripción completado si todavía no nos ha proporcionado esta información. Toda la información se mantendrá confidencial y no es un requisito para poder recibir beneficios dentales.

Mail: United Concordia
(Correo) Membership Services DP2
4401 Deer Path Rd
Harrisburg, PA 17109

Fax: 1-800-329-9093
(Fax)

Employee ID Number, i.e. Social Security Number
(Numero de identificación del empleado, es decir, número del Seguro Social)

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	Covered Member A (Afiliado cubierto A)	Covered Member B (Afiliado cubierto B)	Covered Member C (Afiliado cubierto C)	Covered Member D (Afiliado cubierto D)
	Name _____ (Nombre)	Name _____ (Nombre)	Name _____ (Nombre)	Name _____ (Nombre)
Spoken language preference (Idioma hablado de preferencia)	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____
Written language preference (Idioma escrito de preferencia)	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____	<input type="checkbox"/> English (Inglés) <input type="checkbox"/> Spanish (Español) <input type="checkbox"/> Chinese (Chino) <input type="checkbox"/> Korean (Coreano) <input type="checkbox"/> Tagalog (Tagalo) <input type="checkbox"/> Vietnamese (Vietnamita) <input type="checkbox"/> Declined to state (Prefiere no declararlo) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____
Choose one to best represent the covered member (Elija uno que represente mejor al afiliado cubierto)	<input type="checkbox"/> American Indian/Alaska native (Indígena americano/Indígena de Alaska) <input type="checkbox"/> Asian (Asiático) <input type="checkbox"/> Black/African American (Negro/Afroamericano) <input type="checkbox"/> Native Hawaiian/Pacific Islander (Indígena hawaiano/Oriundo de las Islas del Pacífico) <input type="checkbox"/> White/Caucasian (Blanco/Caucásico) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____ <input type="checkbox"/> Declined to state (Prefiere no declararlo)	<input type="checkbox"/> American Indian/Alaska native (Indígena americano/Indígena de Alaska) <input type="checkbox"/> Asian (Asiático) <input type="checkbox"/> Black/African American (Negro/Afroamericano) <input type="checkbox"/> Native Hawaiian/Pacific Islander (Indígena hawaiano/Oriundo de las Islas del Pacífico) <input type="checkbox"/> White/Caucasian (Blanco/Caucásico) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____ <input type="checkbox"/> Declined to state (Prefiere no declararlo)	<input type="checkbox"/> American Indian/Alaska native (Indígena americano/Indígena de Alaska) <input type="checkbox"/> Asian (Asiático) <input type="checkbox"/> Black/African American (Negro/Afroamericano) <input type="checkbox"/> Native Hawaiian/Pacific Islander (Indígena hawaiano/Oriundo de las Islas del Pacífico) <input type="checkbox"/> White/Caucasian (Blanco/Caucásico) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____ <input type="checkbox"/> Declined to state (Prefiere no declararlo)	<input type="checkbox"/> American Indian/Alaska native (Indígena americano/Indígena de Alaska) <input type="checkbox"/> Asian (Asiático) <input type="checkbox"/> Black/African American (Negro/Afroamericano) <input type="checkbox"/> Native Hawaiian/Pacific Islander (Indígena hawaiano/Oriundo de las Islas del Pacífico) <input type="checkbox"/> White/Caucasian (Blanco/Caucásico) <input type="checkbox"/> Other, please specify (Otro, por favor especificar) _____ <input type="checkbox"/> Declined to state (Prefiere no declararlo)
Choose one to best represent the covered member (Elija uno que represente mejor al afiliado cubierto)	<input type="checkbox"/> Hispanic/Latino (Hispano/Latino) <input type="checkbox"/> Non-Hispanic/Non-Latino (No Hispano/No Latino) <input type="checkbox"/> Declined to state (Prefiere no declararlo)	<input type="checkbox"/> Hispanic/Latino (Hispano/Latino) <input type="checkbox"/> Non-Hispanic/Non-Latino (No Hispano/No Latino) <input type="checkbox"/> Declined to state (Prefiere no declararlo)	<input type="checkbox"/> Hispanic/Latino (Hispano/Latino) <input type="checkbox"/> Non-Hispanic/Non-Latino (No Hispano/No Latino) <input type="checkbox"/> Declined to state (Prefiere no declararlo)	<input type="checkbox"/> Hispanic/Latino (Hispano/Latino) <input type="checkbox"/> Non-Hispanic/Non-Latino (No Hispano/No Latino) <input type="checkbox"/> Declined to state (Prefiere no declararlo)

**Please attach an additional form if you have more than 4 family members.
 (Adjunte un formulario adicional si tiene más de 4 familiares).**

Discrimination is Against 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, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

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 these services, contact the 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, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmark.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos servicios gratuitos de asistencia lingüística. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (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 1-800-332-0366 (TTY: 711)。
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu u quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số 1-800-332-0366 (TTY: 711).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-0366 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Tagalog - Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-332-0366 (TTY: 711).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните 1-800-332-0366 (телетайп: 711).
العربية (Arabic)	يرجى الانتباه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة للغوية المجانية. اتصل على 1-800-332-0366 (TTY: 711)
Kreyòl Ayisyen (French Creole)	ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd nan lang ki disponib gratis pou ou. Rele nimewo 1-800-332-0366 (TTY: 711).
Français (French)	ATTENTION : si vous parlez français, des services d'assistance linguistique vous sont proposés gratuitement. Appelez le 1-800-332-0366 (ATS: 711).
Polski (Polish)	UWAGA: jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-0366 (TTY: 711).
Português (Portuguese)	ATENÇÃO: se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-800-332-0366 (TTY: 711).
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-332-0366 (TTY: 711).
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste für die sprachliche Unterstützung zur Verfügung. Rufnummer: 1-800-332-0366 (TTY: 711).
日本語 (Japanese)	注意事項：日本語をお使いの方は、言語面でのサポートを無償でご利用いただけます。1-800-332-0366 (TTY: 711) まで、お電話にてご連絡ください。
فارسی (Farsi)	توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-332-0366 (TTY: 711) تماس بگیرید.