

**NOTICE OF NON-DISCRIMINATION
SECTION 1557 OF THE AFFORDABLE CARE ACT**

Discrimination is Against the Law

MISSISSIPPI HEALTH CARE ASSOCIATION EMPLOYEE BENEFIT PLAN (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 (as described at 45 CFR § 92.101(a)(2)). This Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Plan’s Civil Rights Coordinator, Amelia Roberts.

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, you can file a grievance with: Amelia Roberts, 282 Commerce Park Drive, Ridgeland, Mississippi 39157, PH: (601)707-2471 or (888)927-9227, FAX: (601)707-2482, Email: aroberts@mhcisc.org. If you need help filing a grievance, Amelia Roberts 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 Independent 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>.

This notice is available at the Plan’s website: www.mhcisc.org/group-health-ebp.