

## Nondiscrimination Notice and Access to Communication Services

We<sup>1</sup> do not exclude, deny Covered Benefits to, or otherwise discriminate against any Member on the ground of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability for participation in, or receipt of the Covered Services under, any of its Plans, whether carried out by Us directly or through a Network Group or any other entity with which we arrange to carry out Covered Services under any of its Plans.

We<sup>1</sup> provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help, please call 1-800-440-8453 or the toll-free member phone number listed on your health plan ID card (TTY 711). We are available Monday through Friday, 8 a.m. to 8 p.m. ET.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

**Online:** [lfgappeals@lfg.com](mailto:lfgappeals@lfg.com)  
**Mail:** Appeals  
P.O. Box 2337 Omaha, NEBRASKA 68103

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201

<sup>1</sup>For purposes of this Non-Discrimination Notice ("Notice"), "We" or "Us" refers to Lincoln Financial Group.