



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

Guardian and its subsidiaries comply with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, ancestry, religion, marital status, age, disability, sex, sexual orientation, gender, or actual or perceived gender identity. It does not exclude people or treat them differently because of their race, color, national origin, ancestry, religion, marital status, age, disability, sex, sexual orientation, gender, or actual or perceived gender identity.

Guardian and its subsidiaries provide 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); and it provides free language services to people whose primary language is not English, such as qualified interpreters and Information written in other languages. These aids and services will be provided to you in a timely manner upon request. If you need these services:

For group insurance, call the telephone number on your identification card
For Individual Coverage, please call 844-561-5600
For TTY/TDD, Dial 7-1-1

If you believe that Guardian or one of its subsidiaries has not provided these services or if it has discriminated against you based on race, color, national origin, age, disability, sex, or actual or perceived gender identity, you can file a grievance with:

Guardian Civil Rights Coordinator
ATTN: Chandra Downey, Assistant Vice President Commercial & Government Markets Compliance
The Guardian Life Insurance Company of America
10 Hudson Yards
New York, NY 10001
212-598-8000

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Guardian Civil Rights Coordinator is available to help you.

If you believe that Guardian or one of its subsidiaries has not provided these services or if it has discriminated against you based on race, color, national origin, age, disability, sex, or actual or perceived gender identity, 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>

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
1-800-537-7697 (TDD)

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

If you have any complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Access Dental, or the quality of dental services performed by a Contract Dentist or Contract Specialist, you may call Access Dental's Customer Care Team at (844) 561-5600 or contact Access Dental Supervisor, Appeals and Grievances via email at GrievanceDept@premierlife.com or by phone at 800-448-4733, submit a complaint online through Our website at dentalexchange.guardiandirect.com or the complaint may be addressed in writing to:

[Access Dental Plan](#)
[P.O. Box 255039](#)
[Sacramento, CA 95865](#)

If you have completed Access Dental's Grievance process, or you have been involved in Access Dental's Grievance procedure for more than 30 days, you may file a complaint with the California Department of Managed Health Care.

The California Department of Managed Health Care is responsible for regulating health care service plans. If You have a Grievance against Your health plan, You should first telephone Your health plan at (844) 561-5600 and use Your health plan's Grievance process before contacting the Department. Utilizing this Grievance procedure does not prohibit any potential legal rights or remedies that may be available to You. If You need help with a Grievance involving an emergency, a Grievance that has not been satisfactorily resolved by Your health plan, or a Grievance that has remained unresolved for more than 30 days, You may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If You are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatment that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The Department's internet website **<http://www.dmhc.ca.gov>** has complaint forms, IMR application forms and instructions online.

You may also file a complaint with the California Department of Managed Health Care immediately if you believe your coverage has been or will be inappropriately cancelled, rescinded, or not renewed; or for an urgent situation, which is one involving severe pain and/or imminent and serious threat to your health.

Guardian subsidiaries include First Commonwealth Inc. subsidiary companies, Managed Dental Care, Managed Dental Guard, Inc., Avēsis Incorporated, Premier Access Insurance Company and Access Dental Plan, Inc.

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