Discrimination Notice

Landmark Healthplan complies with applicable Federal and California civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Landmark does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Landmark provides free aids and services to people with disabilities to communicate effectively with us such as written information in other formats, eg documents in large print and access for the hearing impaired by calling TTY 711

Landmark 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 Customer Service at 800 298 4875.

File a Grievance

If you believe that Landmark has failed to provide these services or discriminated in any way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance as shown below:

By calling Customer Service at 800 298 4875; TTY 711

By mail:

Attention: Member Advocate Member
2629 Townsgate Rd, Suite 235
Westlake Village, CA 91361

By visiting the Member page on Landmark's website, www.LHP-ca.com, and completing an online grievance form

File a Civil Rights Complaint:

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, 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:

Website: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or you may mail a complaint form to: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800.368.1019
800.537.7697 (TDD)

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