EmblemHealth®

2016 EmblemHealth Medicaid Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

A

ABILIFY MAINTENA ER SYR & VL [PA]
acetaminophen/codeine
acyclovir
AKYNZEO [QLL]
albuterol nebulization solution
alendronate sodium [QLL]
allopurinol
ALPHAGAN P 0.1%
alprazolam
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
anastrozole
ANORO ELLIPTA [QLL]
APRISO
arbinoxa
aripiprazole
atenolol
atenolol/chlorthalidone
atorvastatin [QLL]
AVONEX [INJ] [PA] [QLL]
AXIRON [PA]
azathioprine
azelastine nasal spray [QLL]
azithromycin

B

baclofen
benazepril
benazepril/hctz
benzonatate
bimatoprost
bisoprolol/hctz
BRILINTA
budesonide nebulization suspension [QLL]
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BYDUREON [INJ] [PA] [QLL]
BYETTA [INJ] [PA] [QLL]

C

CANASA [QLL]
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime
celecoxib [ST]
cephalexin
chlorhexidine gluconate
chlorthalidone
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clonazepam
clonidine
clonidine patch [QLL]
clopidogrel
clotrimazole/betamethasone dipropionate
COLCRYS [ST]
COMBIVENT RESPIMAT [QLL]
CREON
CRINONE 4% GEL
CUPRIMINE
cyclobenzaprine

D

DAKLINZA [PA] [QLL]
desloratadine [QLL]
desonide
dexamethasone
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine hcl
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
doxazosin [QLL]
doxepin
doxycycline hyclate
doxycycline monohydrate
duloxetine delayed-release

E

eliphos
ELIQUIS
enalapril
ENBREL [INJ] [PA] [QLL]
enoxaparin [INJ]
ENTRESTO
EPIPEN, EPIPEN JR [INJ] [QLL]
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium delayed-release [QLL]
ESTRACE VAGINAL CREAM
estradiol
estradiol patch [QLL]
estradiol/norethindrone acetate
eszopiclone [QLL]
etodolac
EVOTAZ
EXTAVIA [INJ] [PA] [QLL]

F

famotidine
FARXIGA [QLL] [ST]
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
fentanyl patch [PA]
finasteride
FLOVENT DISKUS, HFA [QLL] [ST]
fluocinonide [QLL]
fluoxetine
fluticasone nasal spray [QLL]
folic acid
FREESTYLE
furosemide

G

gabapentin
gemfibrozil
GILENYA [PA]
GILOTRIF [PA]
glimepiride
glipizide
glipizide ext-release
GLUCAGON EMERGENCY KIT [INJ]
glyburide
glyburide/metformin
GLYXAMBI [QLL] [ST]
GRASTEK [PA]
guanfacine ext-release

H

haloperidol decanoate
HUMALOG [INJ]
HUMIRA [INJ] [PA] [QLL]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/homatropine
hydrocodone/ibuprofen
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate

I

ibandronate [QLL]
ibuprofen
indomethacin
INSECT REPELLENT SPRAY [QLL]
INTUNIV [ST]
irbesartan
IRESSA [PA]
isosorbide mononitrate ext-release

J

JANUMET [QLL] [ST]
JANUMET XR [QLL] [ST]
JANUVIA [QLL] [ST]
JARDIANCE [QLL] [ST]
JENTADUETO [QLL] [ST]
JENTADUETO XR [QLL] [ST]

K

ketoconazole topical
KOMBIGLYZE XR [QLL] [ST]

L

labetalol hcl
lamotrigine
lansoprazole delayed-release [QLL]
LANTUS [INJ]
latanoprost
LEVEMIR [INJ]
levetiracetam
levocetirizine [QLL]
levofloxacin
levothyroxine sodium
lidocaine patch [PA]
LINZESS
liothyronine
lisinopril
lisinopril/hctz
lorazepam
losartan
losartan/hctz
lovastatin [QLL]
LYRICA [ST]

M

meclizine hcl
medroxyprogesterone acetate [QLL]
meloxicam [QLL]
MEPHYTON
MESTINON SYRUP
metaxalone
metformin
metformin ext-release
methadone
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide hcl
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal gel
minocycline
mirtazapine
MITIGARE
modafinil [PA]
moderiba
mometasone
montelukast
morphine sulfate ext-release [QLL]
multivitamins/fluoride
mupirocin

N

nabumetone
naproxen, naproxen sodium
NARCAN NASAL SPRAY [QLL]
neomycin/polymyxin/hydrocortisone ear drops
niacin ext-release
nifedipine ext-release
nitrofurantoin monohydrate/macrocrystals
nortriptyline
NUEDEXTA [PA]
NUVARING [QLL]
nystatin oral suspension
nystatin topical
nystatin/triamcinolone

O

olanzapine
omeprazole delayed-release [QLL]
OMNITROPE [INJ] [PA]
ondansetron [QLL]
ondansetron orally disintegrating tablets [QLL]
ONGLYZA [QLL] [ST]
ORENCIA [INJ] [PA]
ORTHO EVRA [QLL]
ORTHO TRI-CYCLEN LO [QLL]
OTEZLA [PA]
oxcarbazepine
oxybutynin
oxybutynin ext-release
oxybutynin ext-release 5 mg tab [QLL]
oxycodone
oxycodone/acetaminophen

P

pantoprazole delayed-release [QLL]
paroxetine
penicillin v potassium
PERFOROMIST [QLL]
pioglitazone [QLL]
polymyxin/trimethoprim
potassium chloride ext-release
POTIGA
PRALUENT [INJ] [PA]
pramipexole
pravastatin [QLL]
PRECISION
prednisolone acetate eye suspension

(continued)

THIS FORMULARY SUMMARY IS EFFECTIVE OCTOBER 1, 2016 THROUGH DECEMBER 31, 2016, AND IS SUBJECT TO CHANGE.
You can get more information about our formularies and our Pharmacy Benefit Services program at **emblemhealth.com**.
You can also search our formulary by accessing the Pharmacy Benefit Services program at **emblemhealth.com**; select the Pharmacy Tools Section and select Search Formulary.
Please contact EmblemHealth Pharmacy Benefit Services at **1-888-447-7364**, Monday through Friday from 8 am to 6 pm, if you have questions about this transition or need to obtain a prior approval.

Group Health Incorporated (GHI), GHI HMO Select, Inc. (GHI HMO), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

PRMTKJ2AHP-16 (11/17/16)

prednisolone sodium phosphate
prednisone
progesterone micronized
promethazine
promethazine/dextromethorphan
propranolol
propranolol ext-release

Q

quetiapine [ST]
quinapril
QVAR [QLL]

R

rabeprazole delayed-release
RAGWITEK [PA]
raloxifene
ramipril
ranitidine
REBIF [INJ] [PA] [QLL]
RECTIV
RELENZA [QLL]
RELISTOR [INJ]
RENVELA
REPATHA [INJ] [PA]
REPATHA PUSHTRONEX [INJ] [PA]
RESTASIS [PA] [QLL]
RIOMET [ST]
risedronate sod dr [QLL]
risedronate sodium [QLL]
RISPERDAL CONSTA SYR [PA]
risperidone
rizatriptan [QLL]
ropinirole
rosuvastatin [QLL]

S

SAVELLA [ST]
sertraline
simvastatin [QLL]
SOVALDI [PA] [QLL]
spironolactone
SPRYCEL [PA]
STRATTERA [ST]
STRIVERDI RESPIMAT [QLL]
SUBOXONE SL FILM [PA] [QLL]
sulfamethoxazole/trimethoprim
sumatriptan [QLL]
SYMBICORT [QLL]
SYMLINPEN [INJ] [PA] [QLL]
SYNJARDY [QLL] [ST]

T

TAMIFLU [QLL]
tamoxifen
tamsulosin ext-release
TANZEUM [INJ] [PA] [QLL]
TARCEVA [PA]
TAZORAC [PA]
TECFIDERA [PA]
TECHNIVIE [PA] [QLL]
telmisartan
telmisartan/hctz
temazepam
terazosin [QLL]
terconazole [QLL]
timolol maleate eye solution
tizanidine
TOBI PODHALER [QLL]
tobramycin eye solution
tobramycin/dexamethasone susp
tolterodine ext-release
topiramate
TRADJENTA [QLL] [ST]
tramadol [QLL]
tramadol/acetaminophen [QLL]
trazodone hcl
triamcinolone acetonide topical
triamterene/hctz
TUDORZA PRESSAIR [QLL]

U

UCERIS TABLETS
ULORIC [ST]
UPTRAVI [PA]

V

valacyclovir [QLL]
valsartan
valsartan/hctz
VASCEPA [PA]
venlafaxine
venlafaxine ext-release
VENTOLIN HFA [QLL]
verapamil ext-release
veripred
VIBERZI
VIEKIRA PAK [PA] [QLL]
VIEKIRA XR [PA]
VIMPAT [PA]
VIOKACE
VIVITROL
VYVANSE [ST]

W

warfarin

X

XARELTO
XIFAXAN [QLL]
XIGDUO XR [QLL] [ST]

Z

ZETIA
zolpidem [QLL]
zolpidem ext-release [QLL]
ZOMIG NASAL [QLL]
ZOVIRAX CREAM [PA] [QLL]
ZUBSOLV [PA] [QLL]
ZYTIGA [PA]

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary. Column 1 lists examples of nonformulary medications. Column 2 lists some alternatives that can be prescribed.

Nonformulary Medications	Formulary Alternative(s)
ACCU-CHEK	FREESTYLE, PRECISION
ADVAIR DISKUS/HFA	SYMBICORT [QLL]
ALVESCO	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]
ANDROGEL	AXIRON [PA]
APIDRA	HUMALOG
ARNUITY ELLIPTA	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]
ASMANEX	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]
BAYER	FREESTYLE, PRECISION
BECONASE AQ	budesonide [QLL], flunisolide [QLL], fluticasone [QLL]
BETASERON	AVONEX [PA] [QLL], EXTAVIA [PA] [QLL], REBIF [PA] [QLL]
BREEZE, CONTOUR	FREESTYLE, PRECISION
BREO ELLIPTA	SYMBICORT [QLL]
CIMZIA	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
COSENTYX	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
DUEXIS	ibuprofen + famotidine
DULERA	SYMBICORT [QLL]
EDARBI	candesartan, irbesartan, losartan, telmisartan, valsartan
EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz
EMBEDA	hydromorphone ext-release, morphine sulfate ext-release [QLL], oxymorphone ext-release [QLL]
FORTESTA	AXIRON [PA]
FROVA	rizatriptan [QLL], sumatriptan [QLL], zolmitriptan [QLL]
GENOTROPIN	OMNITROPE [PA]
HARVONI	DAKLINZA [PA] [QLL], SOVALDI [PA] [QLL], TECHNIVIE [PA] [QLL], VIEKIRA PAK [PA] [QLL], VIEKIRA XR [PA]
HUMATROPE	OMNITROPE [PA]
HYSINGLA ER	hydromorphone ext-release, morphine sulfate ext-release [QLL], oxymorphone ext-release [QLL]
INVOKAMET	SYNJARDY [QLL] [ST], XIGDUO XR [QLL] [ST]
INVOKANA	FARXIGA [QLL] [ST], JARDIANCE [QLL] [ST]
KADIAN	hydromorphone ext-release, morphine sulfate ext-release [QLL], oxymorphone ext-release [QLL]
KAZANO	JANUMET [QLL] [ST], JANUMET XR [QLL] [ST], JENTADUETO [QLL] [ST] JENTADUETO XR [QLL] [ST] KOMBIGLYZE XR [QLL] [ST]
LUMIGAN	bimatoprost, latanoprost, travoprost
NASONEX	budesonide [QLL], flunisolide [QLL], fluticasone [QLL]
NATESTO	AXIRON [PA]
NESINA	JANUVIA [QLL] [ST], ONGLYZA [QLL] [ST] TRADJENTA [QLL] [ST]
NORDITROPIN	OMNITROPE [PA]
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUCYNTA ER	hydromorphone ext-release, morphine sulfate ext-release [QLL], oxymorphone ext-release [QLL]
NUTROPIN AQ	OMNITROPE [PA]
OMNARIS	budesonide [QLL], flunisolide [QLL], fluticasone [QLL]
ONETOUCH	FREESTYLE, PRECISION
OPANA ER	hydromorphone ext-release, morphine sulfate ext-release [QLL], oxymorphone ext-release [QLL]
OXYCONTIN	hydromorphone ext-release, morphine sulfate ext-release [QLL], oxymorphone ext-release [QLL]
PANCREAZE	CREON
PERTZYE	CREON
PLEGRIDY	AVONEX [PA] [QLL], EXTAVIA [PA] [QLL], REBIF [PA] [QLL]
PROAIR HFA	VENTOLIN HFA [QLL]
PROVENTIL HFA	VENTOLIN HFA [QLL]
PULMICORT FLEXHALER	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]
QNASL	budesonide [QLL], flunisolide [QLL], fluticasone [QLL]
SAIZEN	OMNITROPE [PA]
SIMPONI	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
STELARA	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
TESTIM	AXIRON [PA]
TESTOSTERONE GEL	AXIRON [PA]
TRAVATAN Z	bimatoprost, latanoprost, travoprost
TRUETEST, TRUETRACK	FREESTYLE, PRECISION
TRULICITY	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TANZEUM [PA] [QLL]
ULTRESA	CREON
VELTIN	clindamycin phosphate + tretinoin [PA]
VERAMYST	budesonide [QLL], flunisolide [QLL], fluticasone [QLL]
VICTOZA	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TANZEUM [PA] [QLL]
VIMOVO	omeprazole delayed-release [QLL] + naproxen sodium
VOGELXO	AXIRON [PA]
XELJANZ	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
XOPENEX HFA	VENTOLIN HFA [QLL]
ZENPEP	CREON
ZEPATIER	DAKLINZA [PA] [QLL], SOVALDI [PA] [QLL], TECHNIVIE [PA] [QLL], VIEKIRA PAK [PA] [QLL], VIEKIRA XR [PA]
ZETONNA	budesonide [QLL], flunisolide [QLL], fluticasone [QLL]
ZIOPTAN	bimatoprost, latanoprost, travoprost
ZOHYDRO ER	hydromorphone ext-release, morphine sulfate ext-release [QLL], oxymorphone ext-release [QLL]
ZOMACTON	OMNITROPE [PA]

KEY
[INJ] - Injectable Drug
[PA] - Prior Authorization is required for coverage
[QLL] - Quantity Level Limit may apply to certain strengths and/or doses of this medication
[ST] - Step Therapy may apply to some or all strengths of the drug
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.
Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

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You can get more information about our formularies and our Pharmacy Benefit Services program at **emblemhealth.com**.
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Please contact EmblemHealth Pharmacy Benefit Services at **1-888-447-7364**, Monday through Friday from 8 am to 6 pm, if you have questions about this transition or need to obtain a prior approval.

EmblemHealth

GETTING HELP IN A LANGUAGE OTHER THAN ENGLISH

ATTENTION: This is an important document. If you need help to understand it, please call the telephone number marked “customer service” on the back of your member ID card [TTY/TDD: 711]. We can give you an interpreter for free in the language you speak.

Español (Spanish)
ATENCIÓN: Este es un documento importante. Si necesita ayuda para entenderlo, llame al número telefónico marcado “customer service” que se encuentra en el dorso de su tarjeta de identificación de miembro [TTY/TDD: 711]. Le podemos proporcionar un intérprete que habla su idioma sin ningún costo.

中文 **(Traditional Chinese)**
注意：這是重要的文件。如果您需要協助來瞭解文件內容，請致電您會員卡背面標記為“customer service”的電話號碼[TTY/TDD：711]。我們可以為您免費提供您所使用語言的翻譯人員。

Русский (Russian)
ВНИМАНИЕ! Это важный документ. Если у Вас возникли трудности с пониманием этого документа и Вам необходима помощь, позвоните по телефону отдела обслуживания клиентов (customer service), указанному на обратной стороне Вашей идентификационной карточки [служба текстового телефона (TTY/TDD): 711]. Мы можем бесплатно предоставить Вам переводчика, который говорит на Вашем языке.

Kreyòl Ayisyen (Haitian Creole)
ATANSYON: Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo ki make “customer service” nan do kat ID manm ou [TTY/TDD: 711]. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

한국어 **(Korean)**
주의: 이것은 중요한 문서입니다. 이 문서를 이해하는 데 도움이 필요하시면 회원ID 카드의 뒷면에“customer service” 라고 표시된 전화번호[TTY/TDD: 711]로 연락해 주십시오. 저희는 귀하가 사용하는 언어에 대해 무료 통역사를 제공할 수 있습니다.

Italiano (Italian)
ATTENZIONE. Questo è un documento importante. Per qualsiasi chiarimento telefoni all “customer service” al numero stampato sul retro della Sua tessera (per i non udenti: 711). Possiamo mettere a disposizione gratis un interprete nella Sua lingua.

אידיש **(Yiddish)**

מעלדונג: דאס איז א וויכטיגע דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט דעם טעלעפון נומבער גערופן “customer service” אויף אייער קארטל [TTY/TDD: 711]. מיר קענען אייך געבן אן איבערזעצער פריי אין די שפראך וואס איר רעדט.

বাংলা **(Bengali)**

দৃষ্টি আকর্ষণ করছি: এটি একটি গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয়, তাহলে অনুগ্রহ করে আপনার মেম্বার আইডি কার্ডের উল্টোপিঠে “customer service” চিহ্নিত টেলিফোন নম্বরে [TTY/TDD: 711] কল করুন। আপনি যে ভাষায় কথা

Polski (Polish)
UWAGA: To jest ważny dokument. Jeżeli potrzebujesz pomocy w celu zrozumienia jego treści, zadzwoń do „customer service” pod numer telefonu podany na odwrocie karty identyfikacyjnej ubezpieczonego (member ID card) [TTY/TDD: 711]. Możemy bezpłatnie zapewnić usługi tłumacza języka, którym się posługujesz.

العربية **(Arabic)**

انتباه: هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم المشار إليه بـ "customer service" على ظهر بطاقة عضويتك [TTY/TDD: 711]. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Français (French)
ATTENTION : ce document est important. Si vous avez besoin d'aide pour en comprendre le contenu, veuillez composer le numéro «customer service » au dos de votre carte de membre [Sourds et malentendants : 711]. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

(Urdu) اردو

توجہ دیں: یہ ایک اہم دستاویزہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو برا ہ کرم "customer service" والے نمبر پر کال کریں جو آپ کے ممبر آئی ڈی کارڈ کی پشت پر درج ہے [ٹی ٹی وائی/ٹی ڈی ڈی: 711]۔آپ جو زبان بولتے ہیں اس میں ہم آپ کو مفت مترجم فراہم کرسکتے ہیں۔

Tagalog (Tagalog)
NANAWAGAN NG PANSIN: Ito ay isang mahalagang dokumento. Kung kailangan mo ng tulong para maintindihan ito, pakitawagan ang numero ng telepono na minarkahang "customer service" sa likod ng inyong ID card ng miyembro [TTY/TDD: 711]. Maaari ka naming bigyan ng libreng interpreter sa wikang iyong sinasalita.

Ελληνικά (Greek)
ΠΡΟΣΟΧΗ: Αυτό το έγγραφο είναι σημαντικό. Εάν χρειάζεστε βοήθεια για να το κατανοήσετε, καλέστε μας στον αριθμό που σημειώνεται ως «customer service» στο πίσω μέρος της κάρτας της συνδρομής σας [αριθμός για άτομα με προβλήματα ακοής (TTY/TDD): 711]. Μπορούμε να σας προσφέρουμε δωρεάν διερμηνεία στη μητρική σας γλώσσα.

Shqip (Albanian)
VINI RE: Ky është një dokument i rëndësishëm. Nëse ju nevojitet ndihmë për ta kuptuar, ju lutemi telefononi në numrin ku shkruhet "customer service", i cili gjendet ne anen e pasme të kartës tuaj identifikuese të anëtarësisë [Shërbimi rele TTY/TDD: 711]. Ne mund t'ju ofrojmë pa pagesë një përkthyes në gjuhën që flisni ju.

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- 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, please call the telephone number marked "customer service" on the back of your member ID card. TTY/TDD: **711**.

If you believe that EmblemHealth 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 EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call the telephone number marked "customer service" on the back of your member ID card. (Dial 711 for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at **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, DC 20201; 1-800-368-1019**, (dial 1-800-537-7697 for TTY services).

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.