EmblemHealth®

Benefit Summaries

EmblemHealth Essential Plan

Over-the-Counter Card

$500 to buy healthy items, including food.

EmblemHealth Essential Plan

For more than 85 years, EmblemHealth has offered quality, affordable health insurance to the New York community.

This Benefit Summaries brochure shares our Essential Plans available through NY State of Health.

How Do I Enroll?

Enrolling in an EmblemHealth Essential Plan is easy.

You will need to have certain information available to apply. Gather these items for each member of your household who needs health insurance coverage:

- **Social Security numbers** (or immigration documentation for legally residing immigrants).
- **Employer and income information** (for example, pay stubs, W-2 forms, or any other wage and tax statements).
- **Policy numbers** for any current health insurance plans covering members of your household.
- **Permanent address** (required to establish an account).
- **Email address** (strongly encouraged to maintain communication about your plan, if eligible).

Call us at **866-838-9144** (TTY: **711**), from 8 a.m. to 8 p.m., seven days a week, or go to **emblemhealth.com/essentialplan** to learn more about the Essential Plan and what may be available to you.

ESSENTIAL PLAN COVERAGE

The Essential Plan is a health insurance plan for low-income individuals (no family coverage) who reside in New York and do not qualify for Medicaid or coverage through an employer. The Essential Plan offers coverage with $0 per month premiums, cost-sharing with no deductibles, specialist visits with no referrals, and dental and vision benefits.

The Essential Plan offered by EmblemHealth uses the Enhanced Care Prime Network, which includes doctors, facilities, and leading hospitals in eight counties listed below.

To be eligible for the Essential Plan:

- Your annual salary as an individual must be $39,125 or less.
- You must be lawfully present in the United States or a legally residing immigrant and between the ages of 19 and 64.
- You must live in New York City (Bronx, Kings, New York, Queens, or Richmond counties), Long Island (Nassau or Suffolk counties), or Westchester county.

IMPORTANT THINGS YOU NEED TO KNOW ABOUT THE ESSENTIAL PLAN

- You should select a **primary care provider** (PCP) who participates in the **Enhanced Care Prime Network**.
- You are only covered for care you get from doctors, hospitals, and facilities in the Enhanced Care Prime Network. Emergency care that you receive in a hospital (e.g., hospital emergency room) is covered in- and out-of-network.
- **You do not need a referral or approval from your PCP to see specialists when needed.** Specialists are doctors who provide services other than primary care, such as allergists, dermatologists, cardiologists, etc.
- **Your plan includes Teladoc® Primary360**, which is available by phone, video, or messaging through a mobile app at no additional cost. This benefit includes:
  - Primary care.
  - Mental health.
  - Dermatology services.

  Members can see the same provider throughout their care with no limit on the number of virtual visits.

  Teladoc also provides help for nonemergency conditions 24/7 and prescription medicines when medically necessary through on-demand general medical physician services.*
- **Preventive care** is fully covered as long as you use an in-network health care professional. These services include routine physicals, screenings, immunizations, mammograms, gynecological exams, well-baby care, and prescription contraceptives for women.
- **Prescription drug coverage** is included in these plans. All prescription drug benefits must be obtained through pharmacies that contract with your plan. The pharmacist will apply any copays when you pay for your prescription.

*Telemedicine benefit is provided through Teladoc. It is not appropriate for all covered services. Not all services are available 24/7.

Over-the-Counter (OTC) Card

Essential Plan members will receive $125 every calendar quarter ($500 per year), which can be used to purchase eligible healthy foods and health-related items, including:

- Cough, cold, flu, and allergy relief medicines.
- Vitamins, supplements, and digestive aids.
- First aid supplies, eye and ear care, and dental care (toothbrushes, toothpaste, and floss).
- And more!

Eligible healthy foods include:

- Fresh or frozen fruits and vegetables.
- Meat (poultry, beef, seafood, and lunch meat).
- Dairy products (milk, cheese, and butter).
- Dry foods (beans, fruits, and pasta).
- Eggs and egg substitutes.
- Rice, whole grains, and soup.

For more information on the OTC benefit, visit emblemhealth.com/essentialplanotc.

*Members get a $125 credit per calendar quarter on the card (up to $500 per year). Unused credit will carry over to the next quarter. Any unused credit by December 31 will not carry over to the next calendar year.

Glossary

A **premium** is the amount you pay for your insurance every month.

A **deductible** is the amount you pay each year before your plan starts to pay benefits.

A **copayment** (also called a copay) is the set amount you pay for covered health services, like seeing a doctor or paying for a drug at the pharmacy.

Coinsurance is the percentage you pay for health services, usually after you pay your deductible.

FPL stands for federal poverty level.

A **network** is a group of health care professionals or facilities that have contracted with a health plan. They provide covered products and services to members.

Out-of-pocket costs are what you pay for health services. These include deductibles, coinsurance, and copayments.

Essential Plans 200–250, 1, and 2

Essential Plan 200-250*: Available to those with an annual income 200%–250% of the federal poverty level (FPL). This plan offers a low-cost coverage option for individuals with a $0 monthly premium and no deductible. It is offered to individuals but not the individual's spouse or children. If the individual's spouse and/or adult children are eligible for the Essential Plan, they must enroll separately under their own individual policy. Dental and vision coverage are included in Essential Plan 200–250.

Essential Plan 1*: Available to those with an annual income 150%–200% of the FPL. This plan offers an affordable coverage option for lower-income individuals with a $0 monthly premium and no deductible. It is offered to individuals but not the individual's spouse or children. If the individual's spouse and/or adult children are eligible for the Essential Plan, they must enroll separately under their own individual policy. Dental and vision coverage are included in Essential Plan 1.

Essential Plan 2*: Available to those with an annual income 138%–150% of the FPL. This plan offers a more affordable coverage option for lower-income individuals, with a $0 monthly premium, lower cost sharing than Essential Plan 1, and no deductible. This plan is offered to individuals but not the individual's spouse or children. If the individual's spouse and/or adult children are eligible for the Essential Plan, they must enroll separately under their own individual policy. Dental and vision coverage are included in Essential Plan 2.

BENEFIT SUMMARY			
Major Cost-Sharing Provisions	**Essential Plan 200–250****	**Essential Plan 1****	**Essential Plan 2****
Primary care provider (PCP) office visits	$15 copay	$15 copay	$0 copay
Specialist office visits	$25 copay	$25 copay	$0 copay
Hospital admission	$150 copay	$150 copay	$0 copay
Emergency room copay (waived if admitted)	$75 copay	$75 copay	$0 copay
Annual deductible	$0	$0	$0
Annual out-of-pocket maximum	$2,000	$360	$200
Prescription drugs*** (Tier 1: generic/Tier 2: formulary/Tier 3: non-formulary)	Retail: $6 copay/$15 copay/$30 copay Mail order: $15 copay/ $37.50 copay/$75 copay	Retail: $6 copay/$15 copay/$30 copay Mail order: $15 copay/ $37.50 copay/$75 copay	Retail: $1 copay/$3 copay/$3 copay Mail order: $2.50 copay/ $7.50 copay/$7.50 copay
Inpatient Hospital Services			
Inpatient doctor and surgical services	$50 copay	$50 copay	$0 copay
Semi-private room and board	Included in hospital admission copay	Included in hospital admission copay	Included in hospital admission copay
Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, x-rays, and lab tests	Included in hospital admission copay	Included in hospital admission copay	Included in hospital admission copay
Short-term speech, physical, occupational, and respiratory therapy (when part of an acute admission)	Included in hospital admission copay	Included in hospital admission copay	Included in hospital admission copay
Speech, physical, occupational, and respiratory therapy (when part of a rehabilitation admission)	Included in hospital admission copay	Included in hospital admission copay	Included in hospital admission copay
Radiation therapy and chemotherapy	$15 copay	$15 copay	$0 copay
Pre-admission testing	$0 copay	$0 copay	$0 copay
Outpatient Medical Care			
PCP office visits	$15 copay	$15 copay	$0 copay
Specialist office visits	$25 copay	$25 copay	$0 copay
Preventive care,† including physical exams, hearing exams, health education and counseling, Pap smears, mammograms, and immunizations	Covered in full	Covered in full	Covered in full
Diagnostic services, including x-rays, lab tests, and EKGs	$15 copay	$15 copay	$0 copay
Ambulatory surgery	$50 copay	$50 copay	$0 copay
Second medical and surgical opinions	$25 copay	$25 copay	$0 copay
Chiropractic services	$25 copay	$25 copay	$0 copay

BENEFIT SUMMARY			
Major Cost-Sharing Provisions	**Essential Plan 200–250****	**Essential Plan 1****	**Essential Plan 2****
Mental health care			
• Inpatient treatment of mental illness.	$150 copay	$150 copay	$0 copay
• Outpatient treatment of mental illness.	$15 copay	$15 copay	$0 copay
Substance use disorder			
• Inpatient detoxification.	$150 copay	$150 copay	$0 copay
• Inpatient rehabilitation treatment.	$150 copay	$150 copay	$0 copay
• Outpatient rehabilitation treatment.	$15 copay	$15 copay	$0 copay
Special Kinds of Care			
Emergency and urgent care			
• In hospital emergency room.	$75 copay	$75 copay	$0 copay
• In urgent care facility.	$25 copay	$25 copay	$0 copay
• Ambulance service to the hospital.	$75 copay	$75 copay	$0 copay
Home health care	$15 copay	$15 copay	$0 copay
Hospice care	Inpatient: $150 copay Outpatient: $15 copay	Inpatient: $150 copay Outpatient: $15 copay	Inpatient: $150 copay Outpatient: $15 copay
Skilled nursing facility care	$150 copay	$150 copay	$0 copay
Dialysis treatment	$15 copay	$15 copay	$0 copay
Diabetes equipment, supplies, and education	$15 copay	$15 copay	$0 copay
Outpatient physical, speech, occupational, and respiratory therapy	$15 copay	$15 copay	$0 copay
Durable medical equipment	5% coinsurance	5% coinsurance	$0 coinsurance
Hearing aids	5% coinsurance	5% coinsurance	$0 coinsurance
Adult dental care			
• Preventive dental.	$0 copay	$0 copay	$0 copay
• Routine dental.	$0 copay	$0 copay	$0 copay
• Major dental.	$0 copay	$0 copay	$0 copay
Adult vision care			
• Refractive eye exams.	$0 copay	$0 copay	$0 copay
• Eyeglasses/contact lenses.	$0 copay	$0 copay	$0 copay

ESSENTIAL PLAN PREMIUMS	NYC METRO (BRONX, NEW YORK, KINGS, QUEENS, AND RICHMOND)	LONG ISLAND (NASSAU AND SUFFOLK)	WESTCHESTER
Essential Plan 200–250	$0 premium	$0 premium	$0 premium
Essential Plan 1	$0 premium	$0 premium	$0 premium
Essential Plan 2	$0 premium	$0 premium	$0 premium

*You must qualify to enroll in the Essential Plan. Qualification is based on income and other factors.
**Copays shown apply per service/visit/admission.
***30-day supply.
†Preventive care and well-child care services are covered in full when given an A or B rating by the United States Preventive Services Task Force (USPSTF), recommended by the Advisory Committee on Immunization Practices (ACIP), or provided in accordance with Health Resources and Services Administration (HRSA) guidelines or when applicable, New York State law. Other preventive care services may be subject to cost-sharing..

The EmblemHealth Essential Plan is provided by Health Insurance Plan of Greater New York (HIP). Except for emergency care, the above benefits and services are covered only when provided by an Enhanced Care Prime Network primary care provider and/or approved in advance by the EmblemHealth Utilization Management Program. Participating doctors and health care professionals have contracted with EmblemHealth to give care to our members. They are not employees, agents, servants, or representatives of EmblemHealth. This summary is provided for information only. It does not contain complete details of the plan, which are available only in the Essential Plan contract. It does not constitute an agreement.

Refer to HIP contract numbers: 155-23-EPP200-250NONAIAN (01/26); 155-23-EPP200-250AIAN (01/26); 155-23-EPP1NONAIAN (01/26); 155-23-EPP1AIAN (01/26); 155-23-EPP2NONAIAN (01/26); 155-23-EPP2AIAN (01/26).

Certain services may require preauthorization.

Essential Plans 3 and 4

Essential Plan 3*: Available to those with an annual income 100%–138% of the FPL (includes Aliessa population/eligible legal immigrants). This plan offers more affordable coverage options with $0 monthly premiums and lower cost sharing with no deductible. Dental and vision coverage are included under Essential Plan 3.

Essential Plan 4*: Available to those with an annual income less than 100% of the FPL (includes Aliessa population/eligible legal immigrants). This plan offers more affordable coverage options with $0 monthly premiums and no cost sharing or deductible. Dental and vision coverage are included under Essential Plan 4.

BENEFIT SUMMARY		
Major Cost-Sharing Provisions	**Essential Plan 3****	**Essential Plan 4****
Primary care provider (PCP) office visits	$0 copay	$0 copay
Specialist office visits	$0 copay	$0 copay
Hospital admission	$0 copay	$0 copay
Emergency room copay (waived if admitted)	$0 copay	$0 copay
Annual deductible	$0	$0
Annual out-of-pocket maximum	$200	$0
Prescription drugs*** (Tier 1: generic/Tier 2: formulary/Tier 3: non-formulary)	Retail: $1 copay/$3 copay/$3 copay Mail order: $2.50 copay/ $7.50 copay/$7.50 copay	Retail: $0 copay/$0 copay/$0 copay Mail order: $0 copay/$0 copay/$0 copay
Inpatient Hospital Services		
Inpatient physician and surgical services	$0 copay	$0 copay
Semi-private room and board	Included in hospital admission copay	Included in hospital admission copay
Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, x-rays, and lab tests	Included in hospital admission copay	Included in hospital admission copay
Short-term speech, physical, occupational, and respiratory therapy (when part of an acute admission)	Included in hospital admission copay	Included in hospital admission copay
Speech, physical, occupational, and respiratory therapy (when part of a rehabilitation admission)	Included in hospital admission copay	Included in hospital admission copay
Radiation therapy and chemotherapy	$0 copay	$0
Pre-admission testing	$0 copay	$0
Outpatient Medical Care		
PCP office visits	$0 copay	$0
Specialist office visits	$0 copay	$0
Preventive care,† including physical exams, hearing exams, health education and counseling, Pap smears, mammograms, and immunizations	Covered in full	Covered in full
Diagnostic services, including x-ray, lab tests, and EKGs	$0 copay	$0 copay
Ambulatory surgery	$0 copay	$0 copay
Second medical and surgical opinions	$0 copay	$0 copay
Chiropractic services	$0 copay	$0 copay

BENEFIT SUMMARY		
Major Cost-Sharing Provisions	**Essential Plan 3****	**Essential Plan 4****
Mental health care		
• Inpatient treatment of mental illness.	$0 copay	$0 copay
• Outpatient treatment of mental illness.	$0 copay	$0 copay
Substance use disorder		
• Inpatient detoxification.	$0 copay	$0 copay
• Inpatient rehabilitation treatment.	$0 copay	$0 copay
• Outpatient rehabilitation treatment.	$0 copay	$0 copay
Special Kinds of Care		
Emergency and urgent care		
• In hospital emergency room.	$0 copay	$0 copay
• In urgent care facility.	$0 copay	$0 copay
• Ambulance service to the hospital.	$0 copay	$0 copay
Home health care	$0 copay	$0 copay
Hospice care	$0 copay	$0 copay
Skilled nursing facility care	$0 copay	$0 copay
Dialysis treatment	$0 copay	$0 copay
Diabetes equipment, supplies, and education	$0 copay	$0 copay
Outpatient physical, speech, occupational, and respiratory therapy	$0 copay	$0 copay
Durable medical equipment	$0 copay	$0 copay
Hearing aids	$0 copay	$0 copay
Adult dental care		
• Preventive dental.	$0 copay	$0 copay
• Routine dental.	$0 copay	$0 copay
• Major dental.	$0 copay	$0 copay
Adult vision care		
• Refractive eye exams.	$0 copay	$0 copay
• Eyeglasses/contact lenses.	$0 copay	$0 copay

ESSENTIAL PLAN PREMIUMS	NYC METRO (BRONX, NEW YORK, KINGS, QUEENS, AND RICHMOND)	LONG ISLAND (NASSAU AND SUFFOLK)	WESTCHESTER
Essential Plan 3	$0 premium	$0 premium	$0 premium
Essential Plan 4	$0 premium	$0 premium	$0 premium

*You must qualify to enroll in the Essential Plan. Qualification is based on income and other factors.
**Copays shown apply per service/visit/admission.
***30-day supply.
†Preventive care and well-child care services are covered in full when given an A or B rating by the United States Preventive Services Task Force (USPSTF), recommended by the Advisory Committee on Immunization Practices (ACIP), or provided in accordance with Health Resources and Services Administration (HRSA) guidelines or when applicable, New York state law. Other preventive care services may be subject to cost-sharing.

Aliessa population — A population of legal immigrants who are not eligible to enroll in Medicaid due to their immigration status, but are eligible, based on income, for a state-funded Medicaid plan.

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Refer to HIP contract numbers: 155-23-EPP3Aliessa (01/26) and 155-23-EPP4Aliessa (01/26).

Certain services may require preauthorization.

EmblemHealth

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-411-3625** (TTY: **711**) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-411-3625** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **877-411-3625**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-411-3625** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **877-411-3625** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-411-3625** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-411-3625** (tty: **711**) o parla con il tuo fornitore.

(**Yiddish**) **יידיש** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פֿראַווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן **877-411-3625** (TTY: **711**) אָדער רעדן מיט דיין טרעגער.

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

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-411-3625** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-411-3625** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **877-411-3625** (**711**) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-411-3625** (TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **711**) **877-411-3625** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-411-3625** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-411-3625** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-411-3625** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- 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, and 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 Civil Rights Coordinator by calling Customer Service at **877-411-3625** (TTY: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2844, New York, NY 10116-2844; faxing them at **212-510-5320**; or calling Customer Service at **877-411-3625**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. 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 for Civil Rights electronically through the Office for 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**; **800-368-1019** (TTY: **800-537-7697**).

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

This notice is available on EmblemHealth's website at **emblemhealth.com/legal/nondiscrimination**.

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For more information, visit us online at emblemhealth.com/essentialplan or call us at **866-838-9144** (TTY: **711**) from 8 a.m. through 8 p.m., seven days a week.

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