

EmblemHealth Pharmacy Benefit Services 2017 City of New York Employee Formulary Summary



This is a list of the most commonly prescribed preferred drugs for members of the City of New York Employee plans with prescription drug coverage. Make sure to ask your doctor to prescribe generic drugs whenever appropriate; this may lower your out-of-pocket expenses.

NOTE: Not all drugs listed are covered by all pharmacy benefit programs, so coverage is not guaranteed. Check your benefit materials for the copay and any other responsibilities you may have under your pharmacy benefit. For additional questions about your prescription drug coverage, please call the phone number on the back of your ID card.

A

ABILIFY
acarbose
ACCU-CHEK (QLL)
ACCU-CHEK ACTIVE (QLL)
ACCU-CHEK AVIVA (QLL)
ACCU-CHEK AVIVA PLUS (QLL)
ACCU-CHEK COMFORT CURVE (QLL)
ACCU-CHEK COMPACT (QLL)
ACCU-CHEK NANO SMARTVIEW (QLL)
ACCU-CHEK SMARTVIEW (QLL)
ACCU-CHEK SOFTCLIX (QLL)
acebutolol hcl
acetaminophen-codeine acetazolamide
ACTONEL
ACTOPLUS MET/XR
ACTOS
acyclovir
adapalene
ADDERALL XR
adefovir dipivoxil
ADVAIR DISKUS
ADVAIR HFA
ADVICOR
AEROCHAMBER
albuterol sulfate
alclometasone dipropionate
alendronate sodium
alfuzosin hcl
allopurinol
ALOMIDE
ALORA PATCH
ALPHAGAN P 0.1% DROPS
alprazolam
alprazolam er
alprazolam xr
altavera
alyacen
amantadine
amethia
amiloride hcl
amiodarone hcl
amitriptyline hcl
amlodipine besylate
amlodipine besylate-benazepril
amlodipine-atrovastatin
amox tr-potassium clavulanate
amoxicillin
amoxicillin-clavulanate er
amphetamine salt combo
anagrelide hcl
ANALPRAM HC
anastrozole
ANDRODERM
ANDROGEL
antipyrine-benzocaine
anucort-hc
apri
aranelle
ARANESP (PA)
arbinoxa
ARIMIDEX
aripiprazole
ASACOL HD
aspirin
aspirin ec

aspirin-caff-dihydrocodeine
atenolol
atenolol-chlorthalidone
atorvastatin calcium
atovaquone-proguanil hcl
atropine eye drops
ATROVENT HFA
AVANDAMET
AVANDARYL
AVANDIA
AVELOX IV/ABC PACK
aviane
AVONEX (QLL)
AVONEX ADMINISTRATION PACK (QLL)
AVONEX PEN (QLL)
azathioprine
azelastine hcl
azithromycin
azurette

B

bacitracin
bacitracin-polymyxin
baclofen
balsalazide disodium
balziva
benazepril hcl
benazepril-hydrochlorothiazide
BENICAR/HCT (ST)
BENZACLIN
benzonatate
benzoyl peroxide
bentropine mesylate
betamethasone dipropionate
betamethasone valerate
BETASERON (QLL)
bethanechol chloride
BETOPTIC S
bicalutamide
bisoprolol fumarate
bisoprolol-hydrochlorothiazide
BOTOX (PA)
BREO ELLIPTA
brimonidine tartrate
bromocriptine mesylate
budesonide
budesonide ec
bumetanide
buprenorphine hcl
buprenorphine-naloxone
bupropion hcl
bupropion hcl sr
bupropion xl
buspirone hcl
butalbital compound-codeine
butalbital-aspirin-caffeine
butorphanol tartrate
BYDUREON (PA)
BYETTA (PA)

C

calcipotriene
calcitonin nasal spray
calcitriol
calcium acetate
camila
camrese (QLL)

CANASA
candesartan cilexetil
candesartan-hydrochlorothiazide
capecitabine (PA)
captopril
captopril-hydrochlorothiazide
CARAC
CARBAMAZEPINE
carbamazepine xr
CARBATROL
carbidopa-levodopa
carbidopa-levodopa-entacapone
carisoprodol
cartia xt
carvedilol
caziant
cefaclor
cefaclor er
cefadroxil
cefdinir
cefpodoxime proxetil
cefprozil
ceftibuten
cefuroxime
celecoxib (ST)
cephalexin
CETROTIDE (PA)
cevimeline hcl
CHANTIX
chlordiazepoxide hcl
chlordiazepoxide-clidinium
chlorhexidine gluconate
chlorpromazine hcl
chlorthalidone
chlorzoxazone
cholestyramine
choice-OB + DHA combo pack
choline mag trisalicylate
ciclopirox (PA)
cilostazol
cimetidine
CIPRO HC
CIPRODEX
ciprofloxacin er
ciprofloxacin hcl
citalopram
citalopram hbr
clarithromycin/er
CLIMARA PRO
clindamycin hcl
clindamycin phosphate
clindamycin-benzoyl peroxide
clobetasol emollient
clobetasol propionate
clomiphene citrate (PA)
clomipramine hcl
clonazepam
clonidine er
clopidogrel
clorazepate dipotassium
clotrimazole
clotrimazole-betamethasone
clozapem
colestipol hcl
COMBIPATCH
COMBIVENT

COMBIVENT RESPIMAT
COMBIVIR
COPAXONE (QLL)
cromolyn sodium
cryselle
cyclofem
cyclobenzaprine hcl
cyclosporine modified
cyproheptadine hcl
CYTOMEL

D

DAPSONE
dasetta
DELZICOL
DENAVIR
DEPAKOTE ER
desipramine hcl
desloratadine
desmopressin acetate
desonide
desoximetasone
dexamethasone sodium phosphate
dexmethylphenidate hcl
dextroamphetamine sulfate
dextroamphetamine-amphetamine
diazepam
diclofenac potassium
diclofenac sodium
dicloxacillin sodium
dicyclomine hcl
diflunisal
digoxin
diltiazem/er
DIOVAN HCT (ST)
diphenhydramine hcl
diphenoxylate-atropine
dipyridamole
divalproex sodium
divalproex sodium er
donepezil hcl
dorzolamide hcl
dorzolamide-timolol
doxazosin mesylate
doxepin hcl
doxercalciferol
doxycycline hyclate
doxycycline monohydrate
doxycycline suspension
dronabinol

E

econazole nitrate
ELIGARD
elinet
eliphos
ELMIRON
EMADINE
EMEND CAPSULE
emoquette
enalapril maleate
enalapril-hydrochlorothiazide
ENBREL (PA/QLL)
endocet
enoxaparin sodium
enpresse
entacapone
entecavir
enulose

epinephrine
EPIPEN/JR
EPIVIR/HBV
eprosartan mesylate
errin
ERY-TAB
erythromycin
erythromycin-benzoyl peroxide
escitalopram oxalate
esomeprazole mag
estazolam
ESTRACE CREAM
estradiol
ESTRING (QLL)
estrogen-methyltestosterone
estropiate
etidronate disodium
etodolac
EURAX
exemestane

F

famciclovir
famotidine
FARXIGA
felbamate
felodipine er
FEMARA
fenofibrate
fenofibric acid
fentanyl
finasteride
flecainide acetate
FLOVENT DISKUS
FLOVENT HFA
fluocinolone (PA)
fludrocortisone acetate
flunisolide
fluocinolone acetonide
fluocinonide
fluorometholone
FLUOROPLEX
fluoxetine hcl (ST)
fluphenazine hcl
flurazepam hcl
flurbiprofen
fluticasone propionate
fluvastatin sodium
fluvoxamine maleate
folic acid
fondaparinux sodium
FORADIL
FORTEO
fosinopril sodium
fosinopril-hydrochlorothiazide
FRAGMIN
furosemide

G

gabapentin
galantamine er
GANIRELIX ACETATE (PA)
gastroview
gatifloxacin 0.5% eye drop
gemfibrozil
gentamicin sulfate
gianvi
gildess/fe
glimepiride
glipizide/er

glipizide-metformin
GLUCAGEN
GLUCAGON EMERGENCY KIT
glyburide
glyburide micronized
glyburide-metformin hcl
GONAL-F/RFF (PA)
granisetron hcl
GRIFULVIN V
griseofulvin
guaifenesin-codeine
guanfacine hcl

H

halobetasol propionate
haloperidol
HECTOROL INJ.
heparin sodium
HUMALOG products
HUMATROPE (PA)
HUMIRA (PA/QLL)
HUMULIN products
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone acetate
hydrocortisone butyrate
hydrocortisone valerate
hydroxymphone hcl
hydroxychloroquine sulfate
hydroxyzine
hyoscyamine sulfate

I

ibandronate sodium tab
ibuprofen
imatinib
imipramine hcl
imiquimod
indapamide
indomethacin
INTELENCE
introvale
INVOKAMET
INVOKANA
ipratropium bromide
ipratropium-albuterol
irbesartan
irbesartan-hydrochlorothiazide
isoniazid
isosorbide/dinitrate
itraconazole (PA)

J

JALYN
JANUMET/XR
JANUVIA
JENTADUETO
jolessa (QLL)
jolivet
junel/fe

K

KALETRA
kariva
kelnor 1-35
ketoconazole
ketoprofen

EmblemHealth Pharmacy Benefit Services

2017 City of New York Employee Formulary Summary (continued)

ketorolac tromethamine
ketotifen fumarate
KINERET (PA)
KOMBIGLYZE XR

L

labetalol hcl
lactulose
LAMICTAL
lamivudine
lamivudine-zidovudine
lamotrigine
lansoprazole DR
LANTUS/SOLOSTAR
latanoprost
leena
leflunomide
lessina
LETAIRIS
leucovorin calcium
LEVEMIR/FLEXPEN
levetiracetam
LEVITRA (QLL)
levobunolol hcl
levocarnitine
levofloxacin
levonorgestrel-eth estradiol
levora-28
levothyroxine sodium
LEXIVA
LIALDA
lidocaine hcl
lidocaine patch (PA)
lidocaine-prilocaine
lisinopril
lisinopril-hydrochlorothiazide
lithium carbonate
loperamide
loratadine
lorazepam
loryna
losartan potassium
losartan-hydrochlorothiazide
LOTEMAX
lovastatin
low-ogestrel
ludent fluoride
LUMIGAN
lutra

M

MALARONE
meclizine hcl
medroxyprogesterone acetate (QLL)
mefloquine hcl
megestrol acetate
meloxicam
MENEST
MENOPUR (PA)
metaproterenol sulfate
metaxalone
metformin hcl/er
methadone hcl
methimazole
methocarbamol
methotrexate
methyl dopa
methylphenidate er
methylphenidate er-la
methylphenidate hcl
methylphenidate hcl cd
methylphenidate sr
methylprednisolone
metoclopramide hcl
metolazone

metoprolol succinate
metoprolol tartrate
metoprolol-hydrochlorothiazide
metronidazole
microgestin/fe
MIGRANAL
MINIMED
MINIMED RESERVOIR
minocycline hcl
minoxidil
mirtazapine
misoprostol
modafinil (PA)
moexipril hcl
moexipril-hydrochlorothiazide
mometasone furoate
mono-linyah
mononessa
montelukast sodium
morphine sulfate
morphine sulfate er
mupirocin
mycophenolate mofetil
myzilra

N

nabumetone
nadolol
naltrexone hcl
NAMENDA XR
naproxen
naproxen sodium
NASCOBAL
Natalvirt FIt
nateglinide
necon
nefazodone hcl
neomycin-bacitracin-polymyxin
neomycin-polymyxin-dexameth
neomycin-polymyxin-hydrocort
neucac gel
NEULASTA (PA)
NEUPOGEN (PA)
nevirapine
NEXIUM (PA)
niacin ER
nifediac cc
nifedical xl
nifedipine er
nitrofurantoin
nitrofurantoin mono-macro
nitroglycerin
nitroglycerin patch
nizatidine
nora-be
norethindrone
norethindrone acetate
nortrel
nortriptyline hcl
NORVIR
novarel (PA)
NOVOFINE
NOVOFINE 32
NOVOFINE AUTOCOVER
NOVOLIN products
NOVOLOG products
NUTROPIN/AQ/AQ
NUSPIN (PA)
nystatin
nystatin-triamcinolone

O

ocella
ofloxacin

ogestrel
olanzapine/odt
olanzapine-fluoxetine hcl
olopatadine
omega-3 ethyl esthers
omeprazole
ondansetron/odt
ONE TOUCH LANCETS (QLL)
ONE TOUCH TEST STRIPS (QLL)
ONE TOUCH ULTRA 2 (QLL)
ONE TOUCH ULTRA SMART (QLL)
ONE TOUCH ULTRA SYSTEM (QLL)
ONE TOUCH ULTRA TEST STRIPS (QLL)
ONE TOUCH ULTRAMINI (QLL)
ONE TOUCH VERIO STRIPS
ONGLYZA
ORENCIA VIAL (PA)
orphenadrine citrate
orsythia
oxaprozin
oxazepam
oxcarbazepine
oxybutynin chloride/er
oxycodone hcl
oxycodone-acetaminophen
OXYCONTIN
oxymorphone ER
OXYTROL

P

pantoprazole sodium
PARADIGM
PARADIGM INFUSION
PARADIGM SILHOUETTE
PARICALCITOL
paroxetine hcl
peg 3350-electrolyte
PEGASYS/PROCLICK (PA)
penicillin v potassium
PENTASA
pentoxifylline
permethrin
perphenazine
phenazopyridine hcl
phenobarbital
phentermine hcl (PA)
phenytoin sodium extended
pilocarpine hcl
pindolol
pioglitazone-glimepiride
pioglitazone hcl
pioglitazone-metformin
piroxicam
POLYFIN QR
polymyxin b sul-trimethoprim
portia
potassium citrate
PRALUENT (PA)
pramipexole dihydrochloride
pravastatin sodium
prazosin hcl
prednisolone
prednisolone acetate
prednisolone sodium phosphate
prednisone
PREMARIN
PREMPHASE
PREMPRO
previfem
PREVPAC

PREZISTA
primidone
PROAIR HFA
probenecid
PROCORIT (PA)
proctozone-hc
PRODIGY INSULIN SYRINGE
PRODIGY PEN NEEDLE
progesterone in oil (PA)
PROGRAF
promethazine hcl
promethazine vc
promethazine vc-codeine
promethazine-codeine
promethazine-dm
promethegan
PROMETRIUM
propafenone hcl
propranolol hcl
propylthiouracil
PROVENTIL HFA
PULMICORT
PULMICORT FLEXHALER
PULMOZYME
pyridostigmine bromide

Q

quasense (QLL)
quetiapine fumarate
QUICK RELEASE SOFT TEFLON
quinapril hcl
quinapril-hydrochlorothiazide
QVAR

R

rabeprazole
raloxifene HCl
ramipril
ranitidine hcl
RAPAMUNE
REBIF/REBIDOSE (QLL)
reclipsen
RENAGEL
repaglinide-metformin
REPATHA (PA)
RESTASIS
REVLIMID
REYATAZ
ribapak
ribavirin
rifampin
risedronate sod DR
RISPERDAL CONSTA
risperidone
rivastigmine
rizatriptan
ropinirole hcl
rosuvastatin
roxicet tabs

S

SAIZEN (PA)
salsalate
SANDOSTATIN LAR
selenium sulfide
SENSIPAR
SEREVENT DISKUS
SEROQUEL
sertraline hcl
SILHOUETTE
silver sulfadiazine
simvastatin
sodium fluoride
sodium sulfacetamide-sulfur
SOF-SET
SOF-SET MICRO

SOFTCLIX
sotalol
SPIRIVA
spironolactone
spironolactone-hctz
sprintec
SPRYCEL
sronyx
STRATTERA
STRIBILD
SUBOXONE
sucralfate
sulfacetamide sodium
sulfamethoxazole-trimethoprim
sulfasalazine
sulfasalazine dr
sulindac
sumatriptan
SURE COMFORT
SURESTEP (QLL)
SURE-T
SUSTIVA
syeda
SYMBICORT
SYMLINPEN (PA)

T

tacrolimus
TAMIFLU (QLL)
tamoxifen citrate
tamsulosin hcl
TAZORAC (PA)
telmisartan
telmisartan-amlodipine
telmisartan-HCTZ
temazepam
terazosin hcl
terbinafine hcl (PA)
terconazole
testosterone cypionate
tetracycline
THALOMID
theophylline/anhrous
thioridazine hcl
thiothixene
TIKOSYN
tilia fe
timolol maleate
tinidazole
tizanidine hcl
TL-care DHA softgel
tobramycin sulfate
tolterodine tartrate
topiramate
torsemide
TRADJENTA
tramadol hcl
tramadol hcl er
tramadol hcl-acetaminophen
trandolapril
tranylcypromine sulfate
travoprost
trazodone hcl
tretinoin (PA)
tretinoin microsphere
triamcinolone acetoneid
triamterene-hctz
triaxolam
tri-estarylla
trifluoperazine hcl
trifluridine
trihexyphenidyl hcl
tri-legest fe
tri-linyah
trimethoprim
trinessa
tri-previfem
tri-sprintec

trivora-28
trospium chloride
TRUVADA

U

ULORIC
ULTRA COMFORT
unithroid
ursodiol

V

valacyclovir
VALCYTE SOLUTION
valproic acid
valsartan
valsartan-hydrochlorothiazide
vancomycin hcl
vandazole
velivole
venlafaxine hcl
venlafaxine hcl er (ST)
VENTOLIN HFA
verapamil
verapamil er pm
VESICARE
VICTOZA (PA)
VIEKIRA PAK/XR (QL) (PA)
VIGAMOX
viorele
VIRAMUNE
VIREAD
vitamin d
voriconazole (PA)
VYTORIN (ST)

W

warfarin sodium
WELCHOL
WELLBUTRIN XL (ST)
westhroid

X

XALATAN
XARELTO/STARTER PACK
XIGDUO XR
XOLAIR (PA)

Z

zaleplon
zarah
zenchent
ZETIA
ZIAGEN
ziprasidone hcl
zolmitriptan
zolidem tartrate
zonisamide
zovia 1-35e
zovia 1-50e
ZOVIRAX OINTMENT
ZYLET
ZYVOX (PA)

EmblemHealth Pharmacy Benefit Services 2017 City of New York Employee Formulary Summary (continued)

Key:

Capital letters: Brand drug

Lowercase bold letters: Generic drug

(PA): Prior Authorization – Prescriber needs to obtain EmblemHealth approval for coverage of this drug (as outlined in the member's plan).

(QLL): Quantity Level Limit – Quantities dispensed may be limited.

(ST): Step Therapy – Drug is part of a program where drug options are organized in a series of steps (as outlined in the member's plan).

For the member: Generic medications contain the same active ingredients as the corresponding brand-name medications, but may differ 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.

THIS FORMULARY SUMMARY IS EFFECTIVE JANUARY 1, 2017 THROUGH JUNE 30, 2017, AND IS SUBJECT TO CHANGE.

You can get more information about our formularies and our Pharmacy Benefit Services program at emblemhealth.com.

Formulary Disclaimer

Please refer to your benefit materials for specific coverage information. Your benefit design determines what is covered for you and what your copayment will be. The presence of a medication on this formulary does not guarantee that you as a plan member will be covered for that drug. Additionally, these medications may be subject to Prior Authorization. Coverage for some drugs may be limited to specific dosage forms and/or strengths. The medications listed on this formulary are subject to change pursuant to the formulary management activities of EmblemHealth's Pharmacy Benefit Services. As new generics become available, the corresponding brand-name drug will no longer be considered a preferred agent.



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 회원 ID 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 উল্টোপাশে “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.

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.

اردو (Urdu)

توجہ دیں: یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ 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 کر سکتے 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

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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.