Your Care Options

Where you go to get care matters. If it's not an emergency, you'll save money and time by going to an in-network doctor or urgent care center. Your primary care physician (PCP) knows about your total health and is your best care option.

When Your Primary Care Physician Is Not Available

**24-HOUR NURSE LINE** Call 1-877-444-7988 and speak privately with a licensed nurse for everyday health issues and questions. This can save you from an unnecessary trip to the doctor or emergency room.

**RETAIL HEALTH CLINICS** Quick and convenient health care in retail stores and pharmacies for common illnesses like sore throats, sprains, strains and colds.

**URGENT CARE CENTERS** Care for non-life-threatening injuries and illnesses like minor fractures, allergic reactions, flus and infections, especially after hours or on weekends.

Visit [emblemhealth.com](http://emblemhealth.com) to find an in-network doctor, urgent care center or other health care facility. Click [Find a Doctor](http://findadoctor.com) for the most up-to-date information. For a life-threatening situation, call 911 or go to the nearest emergency room.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact EmblemHealth. Limitations, copays and restrictions may apply. Benefits, formulary, pharmacy network, premium copays and coinsurance may change on January 1 each year.
Stay Healthy, Live Better

Schedule a Well Visit
It’s a good idea to see the doctor for preventive care (“well visits” or checkups) so you don’t miss out on important health care advice and services. For a full list of preventive health guidelines, by age and gender, visit emblemhealth.com/preventivehealthguidelines to stay on track with your health. Talk to your doctor to make sure you and your family get your recommended exams and immunizations (shots).

Get Your Immunizations
Thanks to immunizations, some diseases are almost gone from the United States. If we take away the safety they offer, more people could get sick and spread disease. Check with your child’s doctor and find out if your child missed any earlier immunizations they should get now.

Make Screenings a Habit
Cancer screenings can sometimes help find cancer early. That’s when cancer may be easier to treat. Four cancers for which screening is very important:

- **Colorectal (colon) cancer.** Get screened starting at age 50 (or earlier if you’re at high risk). Tests include:
  - Colonoscopy every 10 years
  - Flexible sigmoidoscopy every 5 years
  - Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
- **Breast cancer.** Women aged 40 years and older should have a mammogram to test for breast cancer every 1 to 2 years.
- **Cervical cancer.** If you are a woman aged 21 to 29 you should have a Pap test every 3 years. Women between the ages of 30 and 64 should have a Pap test every 5 years.
- **Skin cancer.** Everyone is at risk for skin cancer, so have a routine skin exam once a year.

Lab Services
All lab samples should be sent to Quest Diagnostics. It’s a good idea to remind the technician who performs the lab services.

Your Breast Reconstruction Surgery Benefits
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your plan. If you would like more information on WHCRA benefits, call EmblemHealth at the number on the back of your member ID card or your group health plan administrator.
Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Support for Your Pregnancy

For a healthy pregnancy and newborn, it’s important to have all needed visits with your OB/GYN (doctor) or midwife for your prenatal (before birth) and postpartum (after birth) care. Take these two steps toward your healthy pregnancy:

1. Join Healthy Beginnings PATH (call 1-877-736-2229). At no extra cost, you’ll get:
   • Help finding a doctor or midwife
   • 24/7 access to a nurse, either online or by phone through BabyLine
   • Health surveys and other materials
   • Support for a high-risk pregnancy from a maternity nurse case manager

2. Keep all your visits. Make an appointment as soon as you think you’re pregnant; babies grow quickly, especially in the first 3 to 8 weeks. See your doctor or midwife every:
   • Four weeks if you are less than 28 weeks
   • Two weeks if you are between 28 and 36 weeks
   • Once a week when you reach 36 weeks

Also have a postpartum visit 21 to 56 days after you deliver.

Your Privacy Rights

EmblemHealth respects the confidentiality of your health information. We are committed to making sure it is kept private and safe. Our Notice of Privacy Practices explains how we use information about you and when we can share it with others. To get a copy, visit emblemhealth.com/privacy or call the customer service number on the back of your member ID card.
Health Care is a Team Effort

Sometimes a person’s medical and behavioral health issues are linked. Someone with diabetes may also suffer from depression, stress or substance use. That’s why patients, doctors and health plans have to work together to share information for the best results. It’s also important to keep all of your doctors up-to-date on both your physical and mental health.

- Make a list of medicines and supplements (for example, vitamins) you take or have taken in the past.
- Ask your doctors to share relevant medical information with each other.

To help manage your care, we remind our network doctors to talk to each other — and share related medical information at your request. If you’re OK with it, we can send your care plan to your doctors for you. For help or questions, call Customer Service at the number on the back of your member ID card.

Get Coordinated Care at AdvantageCare Physicians

Team-based care at AdvantageCare Physicians helps make sure all doctors know your care plan. Patients are given a personal Care Team of a primary care doctor, nurse, medical assistant and patient service representative — all focused on your overall health and wellness. Visit acpny.com for more information or to make an appointment at one of the 36 locations in Manhattan, Brooklyn, Queens, Staten Island and Long Island.
The warnings of diabetes are hard to notice. They can include getting really tired or thirsty, going to the bathroom a lot, or having wounds that heal slowly. The sooner you find out, the sooner you can take steps to prevent diabetes and get help. If you have diabetes, here are some services you should schedule:

• At least one doctor visit a year to check diabetes
• Urine test to check kidney function every year
• Hemoglobin A1c (HbA1c) and cholesterol (LCL-C) blood test every 3 to 6 months
• Blood pressure check at every visit to keep below 140/90 mm Hg
• Retinal or dilated eye exam every year by an optometrist or ophthalmologist (eye doctors)

Follow your doctor’s advice to prevent irreversible damage to your body. Get a flu shot once a year and go to the dentist at least twice a year.

Please visit emblemhealth.com for more on our Quality Improvement Program and its success.
Need a Doctor’s Appointment?

Our network doctors have to make appointments within these given time frames:

- **Urgent care**: within 24 hours of calling your doctor
- **Nonurgent sick visits**: within 48 to 72 hours of calling your doctor
- **Routine mental health or drug abuse concerns**: within 10 business days of your request
- **Routine care and specialty care**: within 4 weeks of calling your doctor

To find a doctor visit [emblemhealth.com/findadoctor](http://emblemhealth.com/findadoctor) or call Customer Service at the number on the back of your member ID card.

Health Care 101

Utilization management (UM) is when a health insurer uses guidelines to make decisions about health care services. These decisions are based on getting the right care in the right medical setting. They also consider the health services covered under your plan. We never reward doctors or other people who do utilization management reviews for denying coverage for care. Utilization management decision-makers are not given financial rewards for the level of service they give.

**Please review your member contract to learn more, or call us if you have questions.**

Be A Quitter

When you quit smoking, you lower your risk of heart and lung disease, stroke, cancer and other health problems. If you’re ready to quit, join our Tobacco-Free PATH program at no extra cost. You’ll have access to counselors, a plan to quit that is just for you and medicine like nicotine gum and patches. New York residents call **1-866-NY-QUITS (1-866-697-8487)**, non-New York residents call **1-877-500-2393** today! (TTY/TDD users: **711**). And for a step-by-step quit guide, visit [smokefree.gov](http://smokefree.gov).
Am I Covered for That?

Answers to this and other questions you have about your plan can be found online at emblemhealth.com. Helpful information on our website includes:

- Benefits and services included in, and excluded from, coverage
- Benefit restrictions that apply to services obtained outside the organization’s system or service area
- Procedures to follow for prescription drug coverage, as well as your plan’s pharmacy restrictions and preferences
- Copays and other fees you may need to pay
- Printing a temporary ID card and requesting a replacement permanent card
- The most up-to-date list of network doctors and other practitioners in the network
- How to change your primary doctor
- Submitting claims for covered services
- Benefit restrictions for out-of-network or out-of-area services
- Getting care after your doctor’s office hours
- How to get primary care, specialty care, hospital services, mental health care and substance use services
- How to get care when you’re out of your plan’s service area
- How to voice a complaint or file an appeal
- How to get help in another language
- Emergency care and when to call 911
- How we evaluate new medical technology for covered benefits
- Creating a personal health record
- Taking a health risk assessment
- Health and wellness information
- The latest on health reform

External Appeals Rights

Follow these steps when you disagree with a coverage decision:

You have the right to an external appeal when health care services are denied as not medically necessary, experimental/investigational, a clinical trial, and a rare disease treatment or, in certain cases, as out-of-network. Providers also have their own rights to an external appeal when these health care services are denied concurrently or retrospectively. External appeal requests must be submitted to the New York State Department of Financial Services (DFS). DFS will assign independent medical experts to review the appeal. These medical experts may overturn your plan’s decision in whole or in part. Or, they may uphold your plan’s denial of coverage. Their decision is binding on both you and your plan.

To appeal to DFS, you first request your plan’s internal appeal. You have 180 days to request an internal appeal from your plan after receiving your Adverse Determination (denial). If we uphold the original denial, you will receive a letter known as a Final Adverse Determination.

You have four months after you receive our final adverse decision on your appeal to ask for an external appeal. If you and your plan agree to skip our appeal process, you must ask for the external appeal within four months after the agreement with your plan is made.

Keep in mind that to file an external appeal, the health care services had to have been denied as not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, as out-of-network. When we issue a final adverse determination denial, you will receive instructions on how to file an external appeal along with an external appeal application.

If you have questions or if you need help with an external appeal application, call DFS at 1-800-400-8882 or visit their website, dfs.ny.gov.

Note: This process does not apply to federal employees or Administrative Services Only (ASO) members.
Easy Access to Your Benefit Information

Are You Registered at emblemhealth.com?
Get started and register today to review your benefits, check on claims and more.

Go Paperless! Once registered, you can sign up to go paperless and choose what to get through email. It’s a great way to get rid of clutter, stay organized and store your information in one safe place. Once you sign in, select Go Paperless under Tools That Help You.

Our myEmblemHealth mobile app gives you easy access to useful benefit and plan information, anytime, anywhere:
• Search for a doctor or hospital
• See copay, benefit and claims information
• Access your ID card

Download it today. Available on all iOS and Android devices.

Who’s Caring for You? — our blog on health and wellness in New York (blog.emblemhealth.com)

Need a Translator? We provide free language translation services by phone in more than 100 languages, including Spanish and Chinese. To speak with someone in your preferred language, please call the Customer Service number on the back of your member ID card.

HOW TO CONTACT US
• EmblemHealth: 1-877-842-3625
• GHI HMO: 1-877-244-4466
• GHI PPO: 1-800-624-2414
• HIP: 1-800-447-8255
• Child Health Plus: 1-855-283-2146

Mental Health and Substance Abuse
• EmblemHealth CompreHealth
  HMO/EPO: 1-877-347-2552
• EmblemHealth EPO/PPO: 1-866-208-1424
• GHI PPO NYC residents: 1-800-692-2489
• GHI PPO non-NYC residents: 1-866-208-1424
• GHI HMO: 1-888-447-2526
• HIP: 1-888-447-2526

Quit Smoking
• 1-866-NY-QUITS (1-866-697-8487)
• 1-877-500-2392
• 1-800-QUIT-NOW (1-800-784-8669)

Report Insurance Fraud
• 1-888-4KO-Fraud (1-888-456-3728)

Web Resources
• emblemhealth.com
• questdiagnostics.com/patient (Lab)
• beaconhealthoptions.com (Mental Health)
IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

NOTICE OF PRIVACY PRACTICES

Effective September 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EmblemHealth, Inc. is the parent organization of the following companies that provide health benefit plans: Group Health Incorporated (GHI), HIP Health Plan of New York (HIP) and HIP Insurance Company of New York, Inc. (HIPIC). All of these entities receive administrative and other services from EmblemHealth Services Company LLC which is also an EmblemHealth, Inc. company.

This notice describes the privacy practices of EmblemHealth companies, including GHI, HIP and HIPIC (collectively “the Plan”).

We respect the confidentiality of your health information. We are required by federal and state laws to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

We use security safeguards and techniques designed to protect your health information that we collect, use or disclose orally, in writing and electronically. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We do not sell information about our customers or former customers.

How We Use or Share Information

We may use or share information about you for purposes of payment, treatment and health care operations, including with our business associates. For example:

- **Payment:** We may use your information to process and pay claims submitted to us by you or your doctors, hospitals and other health care providers in connection with medical services provided to you.
- **Treatment:** We may share your information with your doctors, hospitals, or other providers to help them provide medical care to you. For example, if you are in the hospital, we may give the hospital access to any medical records sent to us by your doctor.
- **Health Care Operations:** We may use and share your information in connection with our health care operations. These include, but are not limited to:
  - Giving you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about stopping smoking or weight loss programs.
  - Performing coordination of care and case management.
  - Conducting activities to improve the health or reduce the health care costs of our members. For example, we may use or share your information with others to help manage your health care. We may also talk to your doctor to suggest a disease management or wellness program that could help improve your health.
  - Managing our business and performing general administrative activities, such as customer service and resolving internal grievances and appeals.
  - Conducting medical reviews, audits, fraud and abuse detection, and compliance and legal services.
  - Conducting business planning and development, rating our risk and determining our premium rates. However, we will not use or disclose any of your genetic information for underwriting purposes.
  - Reviewing the competence, qualifications, or performance of our network providers, and conducting training programs, accreditation, certification, licensing, credentialing and other quality assessment and improvement activities.
- **Business Associates:** We may share your information with others who help us conduct our business operations, provided they agree to keep your information confidential.

Other Ways We Use or Share Information

We may also use and share your information for the following other purposes:

- We may use or share your information with the employer or other health-plan sponsor through which you receive your health benefits. We will not share individually identifiable health information with your benefits plan unless they promise...
to keep it protected and use it only for purposes relating to the administration of your health benefits.

• We may share your information with a health plan, provider, or health care clearinghouse that participates with us in an organized health care arrangement. We will only share your information for health care operations activities associated with that arrangement.

• We may share your information with another health plan that provides or has provided coverage to you for payment purposes. We may also share your information with another health plan, provider or health care clearinghouse that has or had a relationship with you for the purpose of quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

• We may share your information with a family member, friend, or other person who is assisting you with your health care or payment for your health care. We may also share information about your location, general condition, or death to notify or help notify (including identifying and locating) a person involved with your care or to help with disaster-relief efforts. Before we share this information, we will provide you with an opportunity to object. If you are not present, or in the event of your incapacity or an emergency, we will share your information based on our professional judgment of whether the disclosure would be in your best interest.

State and Federal Laws Allow Us to Share Information

There are also state and federal laws that allow or may require us to release your health information to others. We may share your information for the following reasons:

• We may report or share information with state and federal agencies that regulate the health care or health insurance system such as the U.S. Department of Health and Human Services, the New York State Department of Financial Services and the New York State Department of Health.

• We may share information for public health and safety purposes. For example, we may report information to the extent necessary to avert an imminent threat to your safety or the health or safety of others. We may report information to the appropriate authorities if we have reasonable belief that you might be a victim of abuse, neglect, domestic violence or other crimes.

• We may provide information to a court or administrative agency (for example, in response to a court order, search warrant, or subpoena).

• We may report information for certain law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.

• We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.

• We may use or share information for procurement, banking or transplantation of organs, eyes or tissue.

• We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others, and to correctional institutions and in other law enforcement custodial situations.

• We may report information on job-related injuries because of requirements of your state worker compensation laws.

• Under certain circumstances, we may share information for purposes of research.

Sensitive Information

Certain types of especially sensitive health information, such as HIV-related, mental health and substance abuse treatment records, are subject to heightened protection under the law. If any state or federal law or regulation governing this type of sensitive information restricts us from using or sharing your information in any manner otherwise permitted under this Notice, we will follow the more restrictive law or regulation.

Your Authorization

Except as described in this Notice of Privacy Practices, and as permitted by applicable state or federal law, we will not use or disclose your personal information without your prior written authorization. We will also not disclose your personal information for the purposes described below without your specific prior written authorization:

– Your signed authorization is required for the use or disclosure of your protected health information for marketing purposes, except when there is a face-to-face marketing communication or when we use your protected health information to provide you with a promotional gift of nominal value.

– Your signed authorization is required for the use or disclosure of your personal information in the event that we receive remuneration for such use or disclosure, except under certain circumstances as allowed by applicable federal or state law.

If you give us written authorization and change your mind, you may revoke your written authorization at any time, except to the extent we have already acted in reliance on your authorization. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not re-disclose the information.

We have an authorization form that describes the purpose for which the information is to be used, the time period during which the authorization form will be in effect, and your right to revoke authorization at any time. The authorization form must be completed and signed by you or your duly authorized representative and returned to us before we will disclose any of your protected health information. You can obtain a copy of this form by calling the Customer Service phone number on the back of your ID card.
Your Rights

The following are your rights with respect to the privacy of your health information. If you would like to exercise any of the following rights, please contact us by calling the telephone number shown on the back of your ID card.

Restricting Your Information

• You have the right to ask us to restrict how we use or disclose your information for treatment, payment or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request, we are not required to agree to these restrictions.

Confidential Communications for Your Information

• You have the right to ask to receive confidential communications of information if you believe that you would be endangered if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence). If you are a minor and have received health care services based on your own consent or in certain other circumstances, you also may have the right to request to receive confidential communications in certain circumstances, if permitted by state law. You can ask us to send the information to an alternative address or by alternative means, such as by fax. We may require that your request be in writing and you specify the alternative means or location, as well as the reason for your request. We will accommodate reasonable requests. Please be aware that the explanation of benefits statement(s) that the Plan issues to the contract holder or certificate holder may contain sufficient information to reveal that you obtained health care for which the Plan paid, even though you have asked that we communicate with you about your health care in confidence.

Inspecting Your Information

• You have the right to inspect and obtain a copy of information that we maintain about you in your designated record set. A “designated record set” is the group of records used by or for us to make benefit decisions about you. This can include enrollment, payment, claims and case or medical management records. We may require that your request be in writing. We may charge a fee for copying information or preparing a summary or explanation of the information and in certain situations, we may deny your request to inspect or obtain a copy of your information. If this information is in electronic format, you have the right to obtain an electronic copy of your health information maintained in our electronic record.

Amending Your Information

• You have the right to ask us to amend information we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We may deny your request for an amendment if we did not create the information that you want amended and the originator remains available or for certain other reasons. If we deny your request, you may file a written statement of disagreement.

Accounting of Disclosures

• You have the right to receive an accounting of certain disclosures of your information made by us for purposes other than treatment, payment or health care operations during the six years prior to your request. We may require that your request be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

Please note that we are not required to provide an accounting of the following:

– Information disclosed or used for treatment, payment and health care operations purposes.
– Information disclosed to you or following your authorization.
– Information that is incidental to a use or disclosure otherwise permitted.
– Information disclosed to persons involved in your care or other notification purposes.
– Information disclosed for national security or intelligence purposes.
– Information disclosed to correctional institutions or law enforcement officials.
– Information that was disclosed or used as part of a limited data set for research, public health or health care operations purposes.

Collecting, Sharing and Safeguarding Your Financial Information

In addition to health information, the plan may collect and share other types of information about you. We may collect and share the following types of personal information:

• Name, address, telephone number and/or email address;
• Names, addresses, telephone numbers and/or email addresses of your spouse and dependents;
• Your social security number, age, gender and marital status;
• Social security numbers, age, gender and marital status of your spouse and dependents;
• Any information that we receive about you and your family from your applications or when we administer your policy, claim or account;
• If you purchase a group policy for your business, information to verify the existence, nature, location and size of your business.
• We also collect income and asset information from Medicaid, Child Health Plus, Family Health Plus and Healthy New York subscribers. We may also collect this information from Medicare subscribers to determine eligibility for government subsidized programs.
We may share this information with our affiliates and with business associates that perform services on our behalf. For example, we may share such information with vendors that print and mail member materials to you on our behalf and with entities that perform claims processing, medical review and other services on our behalf. These business associates must maintain the confidentiality of the information. We may also share such information when necessary to process transactions at your request and for certain other purposes permitted by law.

To the extent that such information may be or become part of your medical records, claims history or other health information, the information will be treated like health information as described in this notice.

As with health information, we use security safeguards and techniques designed to protect your personal information that we collect, use or disclose in writing, orally and electronically. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We do not sell information about our customers or former customers.

**Exercising Your Rights, Complaints and Questions**

- **You have the right to receive a paper copy of this notice upon request at any time.** You can also view a copy of this notice on the website. See information at the end of this page. We must abide by the terms of this notice.
- **If you have any questions** or would like further information about this notice or about how we use or share information, you may write to the Corporate Compliance department or call Customer Service. Please see the contact information on this page.
- **If you believe that we may have violated your privacy rights, you may file a complaint.**

We will take no action against you for filing a complaint. Call Customer Service at the telephone number and during the hours of operation listed on this page. You can also file a complaint by mail to the Corporate Compliance Department at the mailing address on this page. You may also notify the Secretary of the U.S. Department of Health and Human Services.

We will notify you in the event of a breach of your unsecured protected health information. We will provide this notice as soon as reasonably possible, but no later than 60 days after our discovery of the breach, or as otherwise required by applicable laws, regulations or contract.

**Contact Information**

Please check the back of your ID card to call us or use the following contact information for your plan. Read carefully to select the correct Customer Service number.

---

**Write to:**
Corporate Compliance Dept. P.O. Box 2878
New York, NY 10116-2878

**Call:**

- **EmblemHealth program members:** Monday to Friday, 8 am-6 pm, 1-877-842-3625, TTY: 711
- **EmblemHealth Medicare members:** 7 days a week, 8 am-8 pm
  - PPO: 1-866-557-7300, TTY: 711
  - HMO: 1-877-344-7364, TTY: 711
  - PDP (City of NY Retirees): 1-800-624-2414, TTY: 711
  - PDP (non-City of NY Retirees): 1-877-444-7241, TTY: 711
- **GHI members:** Monday to Friday, 8 am-6 pm, 1-800-624-2414, TTY: 711
- **HIP “GHI HMO” plan members:** Monday to Friday, 8 am-8 pm, 1-877-244-4466, TTY: 711
- **HIP/HIPIC members:** Monday to Friday, 8 am-6 pm, 1-800-447-8255, TTY: 711
- **Medicaid, Family Health Plus and Child Health Plus members:** Monday to Friday, 8 am-6 pm, 1-855-283-2146, TTY: 711
- **Select Care HMO members:** Monday to Friday, 8 am-6 pm, 1-888-447-7703, TTY: 711

**Personal Information After You Are No Longer Enrolled**

Even after you are no longer enrolled in any plan, we may maintain your personal information as required by law or as necessary to carry out plan administration activities on your behalf. Our policies and procedures that safeguard that information against inappropriate use and disclosure still apply if you are no longer enrolled in the Plan.

**Changes to this Notice**

We are required to abide by the terms of this Notice of Privacy Practices as currently in effect. We reserve the right to change the terms of the notice and to make the new notice effective for all the protected health information that we maintain. Prior to implementing any material changes to our privacy practices, we will promptly revise and distribute our notice to our customers. In addition, for the convenience of our members, the revised privacy notice will also be posted on our website: emblemhealth.com.
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。如果您需要協助來理解文件內容，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 [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

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.

(Arabic)
العربية
انتباه: هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يرجى الاتصال بالرقم المنشور على “customer service” على ظهر بطاقة عضويتك [TTY/TDD: 711]. يمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

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.
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.