Care In The Neighborhood

At EmblemHealth Neighborhood Care (EHNC), our Health Care Solution Specialists can help you make the most of your benefits, join a health or wellness program and find a doctor.

All these services and more are available at no cost. You don’t even have to be an EmblemHealth member. So tell your family and friends about us. You can also call or go online to make an appointment. Walk-ins are fine, too!

We’re open . . .

Monday to Friday, 10 am to 6:30 pm
Saturday, 10 am to 3:30 pm

Find us in . . .
  • Harlem at 215 W. 125 St
  • Cambria Heights, Queens at 206-20 Linden Blvd
  • Chinatown at 87 Bowery

To learn more, visit ehnc.com.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copays and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 each year. The pharmacy and/or provider network may change at any time. You will receive notice when necessary.
24-Hour Nurse Line

Whether it’s 3 pm or 3 am, you can speak with an experienced, licensed nurse, anytime. Trained registered nurses give you 24/7 access to clinical support for everyday health issues and questions that can save you from an unnecessary trip to the doctor or emergency room. You’ll get confidential, one-on-one health counseling and accurate information to help you make informed health care decisions. And the call is toll free: 1-877-444-7988.

Important Screenings

It’s important to get your yearly routine screenings (tests) for cancer. Catching cancer in the early stages can make treatment easier.

- **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.

**Talk to Your Doctor**

Show this article to your doctor and talk about your risk and your concerns and then get tested.

Wellness Reminder: Four Things to Remember

Regular checkups are important at all ages. It’s the best way to get the health care advice and services you may need.

- **Visit your doctor once a year for a wellness visit.** It should include checking your body mass index (BMI), blood pressure, and mental health.
- **See the dentist twice a year.**
- **Get an eye exam once a year.**
- **Ask your doctor about getting a flu shot, the pneumonia vaccine and any other immunizations.**

**DON’T MISS IMPORTANT INFORMATION!** Let us know if your address or contact information changed so you’ll continue to receive communications about benefit changes and other important updates. If we send something to you in the mail and it is returned, we can only reach you if we have your correct telephone number. So call us to confirm your correct contact information.

Health Matters is published by EmblemHealth to inform members of current health issues and improve the use of services. This publication should not replace the care and advice of your doctor. Always talk to your doctor about your personal health needs.
Follow the Script

It’s important to take your medicine as directed by your doctor so you don’t become sicker or end up in the hospital. Some of the most common reasons for not taking medicine are:

- Not filling or refilling a prescription
- Forgetfulness
- Experiencing or fearing side effects
- Cost (speak to your pharmacist, doctor or EmblemHealth if you can’t afford the cost)

Talk to your doctor about concerns you have about taking your medications or following the directions. Have your medications delivered to you at no cost by Express Scripts, your home delivery pharmacy (express-scripts.com).

Safety Tip: Get familiar with any side effects your medicines have. If you don’t feel well after taking something, call your doctor or pharmacist.

Quit for Your Heart

Smoking is the leading cause of heart attacks and heart disease . . .

. . . but many of these heart risks can be reversed simply by quitting smoking. Quitting can lower your blood pressure and heart rate almost immediately. Your risk of a heart attack declines within 24 hours.

Join our Tobacco-Free PATH program at no extra cost. Get access to counselors, a plan to quit that is just for you and medicine like nicotine gum and patches. Call 1-866-NY-QUITS (1-866-697-8487) today! (TTY/TDD users: 711). And for a step-by-step quit guide, visit smokefree.gov.

Do You Have Control Issues?

Bringing up urinary incontinence, even with your doctor, is enough to make anyone squirm. But without treatment, you could suffer rashes, sores and urinary tract infections. So ask for your doctor’s help.

Urinary incontinence may be caused by medication side effects, weak or overactive muscles, nerve damage from some chronic conditions or an enlarged prostate in men. Age can contribute, too.

Describe symptoms to your doctor to guide your treatment plan. Your doctor might suggest bladder muscle exercises, a change in toilet habits, medication or special clothing.

Losing weight and drinking less caffeine could help ease symptoms, too. Take control of this problem and get back to doing what you love.
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 ID Card or your group health plan administrator.

Protect Yourself from Medicare Theft

Medicare fraud results in higher health care costs for everyone. To prevent Medicare fraud:

- Don’t let anyone use your member ID or give your member ID when getting free health services. It’s not required.
- Never give personal information to anyone you don’t know and trust.
- Review your health plan statement to make sure it is correct.

If you suspect any type of fraud, give us a call at 1-888-4KO-Fraud (1-888-456-3728).

Active Steps to Prevent Falling

Every year, over two million people are treated in emergency rooms for fall-related injuries. Here's how you can stay on your feet:

1. Get your eyes checked every year. You need to be able to avoid objects in your way.
2. Exercise regularly. Too much inactivity can lead to weaker legs. Ask your doctor for activity suggestions, especially if you have osteoporosis.
3. Do a home safety check to prevent falls indoors. Remove small throw rugs or use double-sided tape to keep rugs from slipping and use nonslip mats in the bathtub and on shower floors.

For other tips to prevent falls, visit emblemhealth.com/safety and join our Steps-4-Safety program.
Schedule Appointments Online

As an EmblemHealth member, you can schedule an appointment online with your AdvantageCare Physicians (ACPNY) primary care physician and select specialists. Use our Find a Doctor tool to select a doctor and you’ll be taken to ACPNY’s website where you can choose a convenient appointment time.

What’s AdvantageCare Physicians?
As one of the largest physician-led medical group practices in the New York metro area, ACPNY offers a wide range of preventive and specialty care services at offices throughout NYC and Long Island. Patients are assigned a personal Care Team of doctors and nurses who work together to offer convenient, connected and compassionate care.

For a closer look, visit acpny.com. And to find a doctor, visit emblemhealth.com.

Note that you must be signed in to your secure myEmblemHealth account in order to access the appointment link.

Reminder About Lab Services
To ensure coverage, all samples should be submitted to Quest Diagnostics laboratories. It’s a good idea to remind the technician who performs the lab services.
Improving Your Care

Our Quality Improvement Program works to improve medical and behavioral health care and services you receive from our network providers. We help:

- **You stay healthy** with educational mailings, phone calls, newsletters and a website that encourages healthy behaviors, like getting preventive care. Our materials feature science-based health information you can trust.

- **You recover quickly or live well with chronic illness** through our health and case management programs. These programs help you better understand and manage conditions such as cancer, depression, diabetes, high-risk pregnancy, HIV/AIDS, hypertension and organ transplants.

Our doctors are provided with tools and resources to deliver the best care. Please visit [emblemhealth.com](http://emblemhealth.com) for more on our Quality Improvement Program and its success.

Your Privacy Rights

We respect the confidentiality of your health information and we are committed to ensuring that this information is kept private and secure. Please see the Notice of Privacy Practices that appears at the center of this newsletter. It explains how we use information about you and when we can share that information with others. To get a copy, visit [emblemhealth.com](http://emblemhealth.com) or call the customer service number on the back of your member ID card.
Get Appointments in Good Time

To help you get the care you need, when you need it, EmblemHealth sets the following guidelines requiring our network doctors to schedule appointments within the 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 care or drug abuse concerns**: within 10 business days of your request
- **Routine care and specialty care**: within 4 weeks of calling your doctor

Want help finding a doctor? Visit [emblemhealth.com/findadoctor](http://emblemhealth.com/findadoctor) or call Customer Service at the phone number on the back of your member ID card.

Tell Us What You Think

**What is CAHPS®?**

Each year, a survey is mailed to our members asking them to rate their satisfaction with their health plan and doctors. The survey is called Consumer Assessment of Healthcare Providers and Systems (CAHPS®). The survey measures how well we and your doctors are meeting your expectations and allows us to compare our performance with that of other health plans. You may receive a survey soon, so check your mailbox for a yellow envelope from SPH Analytics. Please fill out and return the survey if you receive one.

**Health Outcome Survey**

The Medicare Health Outcomes Survey (HOS) was created by the Centers for Medicare and Medicaid Services (CMS), the federal agency that runs Medicare, for monitoring and improving the quality of care provided to Medicare beneficiaries. Because members are randomly sampled, you may receive this survey in the mail. HOS monitors the quality of care provided to Medicare beneficiaries by asking questions about their health status over a specific period. If you receive this survey in the mail, please complete it. Your response will help CMS make sure that you receive high-quality care.

We Want to Hear from You!

We want to make sure you get the most out of your plan benefits. Fill out a brief health risk survey to help us better understand your health care needs. Your answers allow us to give you specific information about staying healthy, getting well and living better. You’ll also learn about important services available to you, including programs to manage diabetes, heart disease and other chronic conditions and to coordinate transportation or home health needs.

Access the survey online at [surveygroup.com/ehmedi caresurvey/?site=login](http://surveygroup.com/ehmedi caresurvey/?site=login) or scan this QR code using your smart phone.

This information is available for free in other languages. Please call the customer service number on the back of this newsletter, daily from 8 am to 8 pm. Esta información está disponible gratuita en otros idiomas. Por favor llame a nuestro número de servicios de atención al cliente, localizado en la parte posterior de este boletín, diariamente entre las 8 am y las 8 pm.
Convenient Access to Your Benefit Information

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

Sign up to Go Paperless and choose which communications to receive electronically. It’s a great way to reduce clutter, stay organized and store your information in one safe place. Once you sign in, select Go Paperless under Tools That Help You.

The myEmblemHealth mobile app provides 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 and more

Download it today to your iOS and Android devices.

Do more on-the-go. Check out our Small Steps to a Healthier You app at smallsteps.emblemhealth.com.

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

HIP Health Plan of New York (HIP) is an HMO plan and Group Health Incorporated (GHI) is a PPO plan with a Medicare contract. Enrollment in HIP and GHI depends on contract renewal. HIP and GHI are EmblemHealth companies.
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:
  – Sending you a reminder about appointments with your doctor or recommended health screenings.
  – 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.

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.
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 the 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 on the next 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 following contact information.

- 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.

<table>
<thead>
<tr>
<th>Write to:</th>
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<tbody>
<tr>
<td>Corporate Compliance Dept. P.O. Box 2878, New York, NY 10116-2878</td>
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<th>Call:</th>
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<tr>
<td><strong>EmblemHealth program members:</strong> Monday to Friday, 8 am-6 pm, <strong>1-877-842-3625</strong>, TTY: <strong>711</strong></td>
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<tr>
<td><strong>EmblemHealth Medicare members:</strong> 7 days a week, 8 am-8 pm</td>
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<tr>
<td>PPO: <strong>1-866-557-7300</strong>, TTY: <strong>711</strong></td>
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<tr>
<td>HMO: <strong>1-877-344-7364</strong>, TTY: <strong>711</strong></td>
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<tr>
<td>PDP (City of NY Retirees): <strong>1-800-624-2414</strong>, TTY: <strong>711</strong></td>
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<tr>
<td>PDP (non-City of NY Retirees): <strong>1-877-444-7241</strong>, TTY: <strong>711</strong></td>
</tr>
<tr>
<td><strong>GHI members:</strong> Monday to Friday, 8 am-6 pm, <strong>1-800-624-2414</strong>, TTY: <strong>711</strong></td>
</tr>
<tr>
<td><strong>HIP “GHI HMO” plan members:</strong> Monday to Friday, 8 am-6 pm, <strong>1-877-244-4466</strong>, TTY: <strong>711</strong></td>
</tr>
<tr>
<td><strong>HIP/HIPIC members:</strong> Monday to Friday, 8 am-6 pm, <strong>1-800-447-8255</strong>, TTY: <strong>711</strong></td>
</tr>
<tr>
<td><strong>Medicaid, Family Health Plus and Child Health Plus members:</strong> Monday to Friday, 8 am-6 pm, <strong>1-855-283-2146</strong>, TTY: <strong>711</strong></td>
</tr>
<tr>
<td><strong>Select Care HMO members:</strong> Monday to Friday, 8 am-6 pm, <strong>1-888-447-7703</strong>, TTY: <strong>711</strong></td>
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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](http://emblemhealth.com).