Our Quality Improvement Program works to improve medical and behavioral health care you get through our network. We give our doctors the tools they need to deliver the best care. We help to keep you healthy by:

- Creating materials that feature health information you can trust to help you lead a healthy lifestyle.

- Helping you recover quickly or live well with chronic illness. Our care management programs can help you take care of your conditions such as cancer, depression, diabetes, high-risk pregnancy, HIV/AIDS, hypertension and organ transplants.

Please visit emblemhealth.com for more on our Quality Improvement Program and its success.

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

That’s a Mouthful:

Your New Dental Partner is DentaQuest. Oral health is a big part of your total well-being. That’s why we’ve partnered with DentaQuest — they offer dental services from a large network of doctors that are located near where you live.

Remember: If you are enrolled in the Select Network, you will still get complete dental benefits with DentaQuest. If you are a Fee-For-Service member, you pay for each service as you use it. Fee-For-Service members can only get preventive dental services.

Questions? Go to DentaQuest’s website at dentaquest.com or call DentaQuest Customer Service at 1-844-776-8749, Monday to Friday from 8 am to 5 pm.
Tell Us What You Think

What is CAHPS®?
You may have received a satisfaction survey that asks you questions about how satisfied you are with EmblemHealth and your doctors. The survey is called Consumer Assessment of Healthcare Providers and Systems (CAHPS®). The survey:

• Measures how well we and your doctors meet your expectations.
• Let’s us compare our performance with other health plans.

Check your mailbox for a yellow envelope from DSS Research. If you get a survey, please fill out and return the survey in the return envelope you receive.

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. This survey monitors the quality of care you get by asking questions about your health over a specific time period. Because members are randomly selected, you may get this survey in the mail. If you get this survey in the mail, please fill it out. Your answers will help CMS make sure you get high-quality care.

Need a Doctor’s Appointment?
Our network doctors should see you within these time frames:
• Urgent care: within 24 hours
• Non-urgent sick visits: within 48 to 72 hours
• Routine mental health or drug abuse concerns: within 10 business days
• Routine care and specialty care: within 4 weeks

To find a doctor, visit emblemhealth.com/findadoctor or call Customer Service at the phone number on the back of your member ID card.

Let’s Talk About Something Embarrassing!
Urinary incontinence is when a person urinates when they do not want to. It can be an embarrassing topic to discuss with anyone, even with your doctor. 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 be a factor, too. Without treatment, you could get rashes, sores and urinary tract infections.

So ask for your doctor’s help. Based on your symptoms, 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 your symptoms, too. Take control of this problem and get back to doing what you love.
Partnering for your Health!

HealthCare Partners (HCP) works closely with EmblemHealth to make sure you can see a doctor when you need care, including same-day appointments.

From reviewing your medication with you to reminding you of important things you can do to stay well, your HCP doctor is there to clearly explain your health care choices.

Call 1-888-746-2200 for more information or to schedule an appointment.

Regular Checkups and Screenings are Important

Getting regular checkups is a great way to get the health care advice and services you need. No matter your age, regular checkups can help keep you healthy.

- 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 every six months.
- Get an eye exam once a year.
- Ask your doctor about getting a flu shot, the pneumonia vaccine and any other immunizations (shots).

You should also talk to your doctor about getting tests to check for cancer. These screenings can help catch cancer early and make treatment easier. Your doctor may want to test for:

- **Colorectal (colon) cancer.** You should get screened starting at age 50 (or earlier if you’re at 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 who are 40 years and older should have a mammogram to test for breast cancer every 1 to 2 years.

Be a Quitter!

Join our Tobacco-Free Positive Actions Toward Health (PATH) program and 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) (TTY/TDD users: 711) or visit smokefree.gov.
Taking Your Medicine Correctly!

It can sometimes be hard to take your medicine the right way. But if you don’t, you may become sicker or end up in the hospital. Tell your doctor if you have trouble getting or taking your medicine because:

• You are not filling or refilling a prescription.
• You forget to take your medicine.
• You are afraid of side effects.
• You cannot afford your medicine. Check out our tips on lowering your costs on this page. You can also talk to your pharmacist, doctor or EmblemHealth customer service.

Safety Tip: Ask your doctor or pharmacist about the side effects of your medicines. If you don’t feel well after taking something, call your doctor or pharmacist right away.

Managing Your Diabetes

If you have diabetes, ask your doctor which tests you should have and when to have them. These tests may include:

• Hemoglobin A1c (HbA1c) and cholesterol (LDL-C) test every 3 to 6 months.
• Urine test to check kidney function every year.
• Retinal or dilated eye exam every year by an optometrist or ophthalmologist.
• Blood pressure check at every visit.

It’s also important to keep your feet healthy. Wash your feet every day and always wear shoes and socks. Protect your feet from high heat and cold. Stay active to keep blood flowing to your feet. Get a complete foot exam at least once a year — if possible from a podiatrist — and ask about other things you can do for take care of your feet.

To join our free Diabetes Care Positive Actions Toward Health (PATH) program, please call 1-866-447-8080, Monday through Friday, 9 am to 5 pm. If your member ID has a Montefiore logo, please call 1-866-996-6683.

Reduce or Avoid Out-of-Pocket Prescription Drug Costs

Saving money on your medicine doesn’t have to be hard.

• Search for covered medicines on your plan’s drug list, also known as a formulary.
• Go to a preferred pharmacy. To find a pharmacy, go to emblemhealth.com or call the Customer Service number on the back of this newsletter.
• Use our mail order service through Express Scripts. Call 1-877-866-5828 to find out how to join.

Go to emblemhealth.com/medicare to learn more about your Medicare Part D prescription drug coverage.*

*Part D prescription drug coverage does not apply to all plans.
ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 1-877-447-1199 (TTY/TDD: 711).

Español (Spanish)

中文 (Traditional Chinese)
注意：如果您講中文，我們免費提供相關的語言協助服務。請致電 1-877-447-1199 (TTY/TDD: 711)。

Русский (Russian)
ВНИМАНИЕ! Если Вы говорите на русском языке, Вам доступны бесплатные услуги переводчика. Звоните по тел. 1-877-447-1199 (служба текстового телефона, TTY/TDD: 711).

Kreyòl Ayisyen (Haitian Creole)

한국어 (Korean)

Italiano (Italian)

אידיש (Yiddish)
אכטונג: איזער ערוצט איידיש, שפרטן קאַלעפען, אויב קאַפער פאַר אַן קײַנער סערוויסעס, אייך בורט, טאַנסמבר אין באָקעומן צו אזorphism. רעפט
1-877-447-1199 (TTY/TDD: 711).

বাংলা (Bengali)
দৃষ্টি আকর্ষণ করছি আপনি যদি বাংলাভাষী হন আপনার জন্য বিনামূল্যে ভাষা সংক্রান্ত পরিষেবা
র ব্যবস্থা থাকবে। 1-877-447-1199 : নম্বরে (TTY/TDD: 711) ফোন করুন।

Polski (Polish)
UWAGA: Dla osób mówiących po polsku dostępną jest bezpłatna pomoc językowa. Proszę
zadzwonić pod numer 1-877-447-1199 (TTY/TDD: 711).

العربية (Arabic)
يرجى الانتباه: إذا كنت تتكلم اللغة العربية، توفر لك خدمات المساعدة اللغوية مجانًا. اتصل بالرقم 1-877-447-1199 أو
(TTY/TDD: 711)
Y0026_126476 Accepted 8/29/16
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, contact 1-877-447-1199.

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 1-877-447-1199. (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.
HIP Health Plan of New York (HIP) is a HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.

HEALTH AND WELLNESS OR PREVENTION INFORMATION

HOW TO CONTACT US

Customer Service
HMO: 1-877-344-7364
Ask to speak with someone in your preferred language. Daily, 8 am to 8 pm

Tobacco-Free PATH Program
New York State residents
1-866-NY-QUITS (1-866-697-8487)

Lab Services — Quest Diagnostics
1-888-277-8772 (appointments)
1-866-697-8378 (customer service)

Mental Health and Substance Abuse
Emblem Behavioral Health Services Program (EBHSP) for HMO members:
1-888-447-2526
PATH Program
1-866-447-8080
1-866-996-6683 (for ID cards with Montefiore logo)

Report Insurance Fraud
1-888-4KO-Fraud (1-888-456-3728)
For TDD assistance, any of the above numbers can be reached by calling NYS Relay Services at 711.

Web Resources
emblemhealth.com/medicare
(mail-order pharmacy)
questdiagnostics.com
(lab services)
emblemhealth.com/familycaregiver

Your Privacy Rights

EmblemHealth respects the confidentiality of your health information. We are committed to making sure it is kept private and safe. The Notice of Privacy Practices in the center of this newsletter explains how we use information about you and when we can share it with others. You can always get a copy at emblemhealth.com/privacy or by calling us at the number on the back of your member ID card.

Don’t Miss Important Updates!

Let us know if your address, phone number or email address changes. Sign in to your secure online account at emblemhealth.com or call Customer Service at the number on the back of this newsletter.

HIP Health Plan of New York (HIP) is a HMO plan with a Medicare contract. Enrollment in HIP depends on contract renewal. HIP is an EmblemHealth company.
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

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**EmblemHealth**

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.
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 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.

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-6 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.