



Making the Most of Your Health Plan

Wellness Resources and Services for
The Segal Company

Effective Date: January 1, 2023



Welcome to EmblemHealth!

As a New York-based health insurance company for more than 80 years, we've built a solid reputation for offering quality care and large networks of highly rated doctors and hospitals. Union members and their families make up the majority of the 3 million members we proudly serve. Throughout our many years supporting the labor market and with all the changes in the industry, our mission has remained the same: To help our members stay healthy and live better.

Take a Look Inside

You'll find everything you need to get started: A summary of benefits, an enrollment form, and lots of information about what EmblemHealth offers, including:

- **An overview** about the type of EmblemHealth plan(s) offered to you.
- **Details about plan network(s) — the group of health care professionals and hospitals** that contract with us to offer you care and services.
- **Special discounts and innovative wellness programs.**
- **AdvantageCare Physicians (ACPNY)** — they're part of our networks and one of the largest primary and specialty physician group practices in the New York metropolitan area.
- **Neighborhood Care** offices offering in-person customer service and wellness support, including free exercise classes.

Please contact your Benefits Administrator for any additional information, or questions you may have.

We're honored to become your partner in care!

Sincerely,



George Babitsch
Senior Vice President
Labor and Government Account Management



Transaction Form for Group Accounts

I. SUBSCRIBER INFORMATION

Last Name		First Name		M.I.	Sex	Social Security Number	
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Street Address			Apt.	City	State	ZIP Code
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Were you ever a member of EmblemHealth?
 NO YES
 If YES, member ID: _____

Marital Status:
 Single Married Domestic Partner (DP)

Home Tel. #: _____
 Work Tel. #: _____
 Cell Tel. # (see back of form*): _____

Email Address: _____

Applicant's hours worked per week:
 At least 20 hours Less than 20 hours COBRA Retiree (see back of form**)

Type of Coverage:
 Individual Family Employee & Child
 Employee & Spouse/DP

Note: If electing Young Adult Coverage, please submit a completed Young Adult Election Form.

Primary Care Physician Name: (Not required for EPO/PPO members) _____ ID Number: _____
OB/GYN Selection Name: (Optional) _____ ID Number: _____

Are you covered by any other health insurance or Medicare?
 NO YES IF YES, indicate:
 Insurance Co. Name: _____
 Insurance Co. Telephone #: _____ Type of Coverage: _____
 Policy #: _____ Effective Date: _____

Check One:
 New Enrollment
 Reinstatement
 Termination
 Change

Status:
 Add Dependent
 Remove Dep.
 Address Change
 Name Change

Transfer:
 To Another Carrier
 EmblemHealth Group Change:
 From: _____
 To: _____

II. ENROLLMENT INFORMATION — IF YOU ARE ENROLLING YOUR SPOUSE/DP AND/OR CHILDREN, PLEASE LIST EACH ONE BELOW — SEE ELECTION OF COVERAGE FOR ELIGIBILITY

Note: A birth/marriage certificate or 1040 Form will be required for spouse/dependents with different last name.

Last Name (if different)	First Name	Social Security Number	Sex	Relationship	Birth Date			Primary Care Physician Name/ID Number (Not required for EPO/PPO members)	OB/GYN Selection Name/ID Number (Optional)
					Mo.	Day	Yr.		
DEPENDENT				Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child <input type="checkbox"/>					
Current Health Insurance Information:	Carrier Name: _____	Coverage Begin Date: _____	Coverage End Date: _____	<input type="checkbox"/> Child					
DEPENDENT				<input type="checkbox"/> Child					
Current Health Insurance Information:	Carrier Name: _____	Coverage Begin Date: _____	Coverage End Date: _____	<input type="checkbox"/> Child					
DEPENDENT				<input type="checkbox"/> Child					
Current Health Insurance Information:	Carrier Name: _____	Coverage Begin Date: _____	Coverage End Date: _____	<input type="checkbox"/> Child					

*For dependent adult children incapable of self-sustaining employment, please see Section A on the back side of this form to check the appropriate "Add Dependent" box, and follow the instruction for required documentation.

Your signature is required to process this form. Your signature attests that you have read the reverse side of this form. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Applicant must sign here: _____ **Date:** _____

III. EMPLOYER INFORMATION — THIS SECTION TO BE COMPLETED BY EMPLOYER/CONTRACTOR GROUP

Name of Group: _____
 Group Number: 1102161 Sub Group ID _____ Class ID _____ Plan ID _____
 If you selected a small group metal plan, please indicate which plan you are selecting: _____
 The Segal Company
 Plan Name: _____

Health Insurance Plan of Greater New York (HIP)
 EmblemHealth Plan, Inc. EmblemHealth Insurance Company

Requested Effective Date: Medical: _____ Dental: _____
 Hire Date: _____ Waiting Period: _____
 Date Submitted: _____
 Approved By: (Group Plan Administrator) _____

Instructions to Benefit Administrators or Group Representatives: For groups with 100 or fewer full-time equivalent eligible employees, you MUST complete Section A on the reverse side of this form. Required documentation MUST be attached to this Transaction Form to be processed.

IMPORTANT INFORMATION

1. The subscriber must complete sections I and II. The group plan administrator must complete section III, and if for a small group (100 or fewer full-time equivalent eligible employees) provide all necessary documentation.
2. All transactions are subject to EmblemHealth's retroactive enrollment period – members must be enrolled within 30 days (for small groups) or 90 days (for large groups) from the Qualifying Event.
3. As part of New York State's "Age 29" law, eligible young adults through age 29 may obtain coverage through a parent's group policy.
4. Failure to complete any part of this form (e.g., group number, reason for submission, certificate number, signature, etc.) will require EmblemHealth to return this transaction form to the employer group plan administrator and may delay the requested effective date of coverage.
5. Return the completed Transaction Form along with any required documentation to: Membership, PO Box 2820, New York, NY 10116-2820.

Get more information at www.emblemhealth.com.

HSA

An HSA is a tax-free fund that can be used to pay for qualified medical and/or pharmacy expenses. EmblemHealth has partnered with Health Equity to provide this service for our customers with a high deductible health plan. Benefits include a full integration of enrollment and claim payment for only qualified high deductible health plans. Would you like to open employee HSA accounts with Health Equity? YES NO

HRA – Large Group Only

Health Reimbursement Arrangements (HRAs) are arrangements that allow an employer to reimburse for medical expenses paid by participating employees. HRAs reimburse only those items (copays, coinsurance, deductibles, prescription drugs, and services) agreed to by the employer which are not covered by the company's selected standard insurance plan. EmblemHealth has partnered with Health Equity to provide this service for our customers. Benefits include a full integration of enrollment and claim payment for only qualified high deductible health plans. Would you like to open an HRA account with Health Equity? YES NO

SECTION A

(To be completed by Benefits Administrator)

ACTION Check (✓) One	Qualifying Event	Documentation Required
<input type="checkbox"/> Add Subscriber	New Hire or Change in Plan	For eligible employees who work at least 30 hours per week, provide a recent Copy of NYS-45 showing this subscriber as an employee or provide copy of payroll documentation reflecting the date, employee's name and Social Security #, or the employee's current-year W-4 Form.
<input type="checkbox"/> Add Spouse	Marriage	If last name is different <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> 1040 Form
<input type="checkbox"/> Add Dependent	Birth or Adoption	If last name is different <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Formal Adoption Papers <input type="checkbox"/> Court-Approved Guardianship Papers
<input type="checkbox"/> Add Young Adult	Young Adult Coverage	Young Adult Election Form
<input type="checkbox"/> Add Dependent	Dependent Adult Child Incapable of Self-Sustaining Employment	Disability Status Request Form
<input type="checkbox"/> Add Spouse <input type="checkbox"/> Add Dependent	Loss of Coverage	Certificate of Creditable Coverage
<input type="checkbox"/> Add Domestic Partner	Domestic Partnership	Declaration of Cohabitation & Financial Interdependence Form

Note: No exceptions to our retroactive enrollment period will be allowed. Small group members must be enrolled within 30 days from the Qualifying Event/next billing date (or within 90 days for large group members).

* I understand that the phone number(s) I provided on this form may be used by EmblemHealth or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.

**Retiree option is applicable for large groups only.



Come Join Us

You're being offered a quality HMO plan from EmblemHealth.

How HMO Plans Work

HMO health plans offer care through a network of doctors, hospitals, and other providers. In an HMO plan, you must:

- Choose an in-network PCP to provide and coordinate your care.
- Go to doctors, hospitals, and other facilities that are part of your HMO network.

Out-of-network care is usually not covered by HMO health insurance, except in the case of any emergency care you receive at an out-of-network hospital.

An exception would be some HMO POS plans (point of service), which may include out-of-network benefits. See the Summary of Benefits in this kit to learn what is and isn't covered in this HMO plan.

Your PCP

Your PCP will be your main doctor and will get to know the whole you to oversee your total care. This will be the first doctor you see anytime you need a checkup or sick visit. If you ever need to see a specialist, your PCP will refer you to one who participates in our network. Some HMO plans require a referral (or approval) from your PCP when you need to see a specialist.

While this is how most HMOs work, there are some "open access" HMOs. These allow you to see any in-network specialist you like, without having to get a referral from your PCP. Check the Summary of Benefits in this kit to learn more about this plan.

Our HMO Network

Our network is made up of a group of doctors, hospitals, and other health care providers who have a contract to provide care through our HMO. See the network flyer in this kit to learn more about this plan's network. The network flyer also has instructions on how to search for doctors and other providers in the network.

Types of Care

Preventive care: Routine checkups and screenings are considered preventive care. This kind of care is usually covered at no cost to you. Preventive care includes well visits, mammograms, colonoscopies, immunizations, and other screenings that your doctor deems necessary.

Non-preventive care: For care that is not preventive care, e.g., a visit when you're sick or an appointment with a specialist, you may have a copay and/or a deductible. A copay is a set amount you will pay each time you go to the doctor. A deductible is the amount you will have to pay before your plan starts paying.

Answers to Your Questions

We're committed to offering great benefits and outstanding customer service. If you have any questions, please feel free to go to [emblemhealth.com](https://www.emblemhealth.com) for more information. We look forward to welcoming you soon as a new EmblemHealth member.

PLAN OVERVIEW

Plan Name: Prime HMO

Product Type: Large Group

Network: Prime Network

National Coverage: No

Primary Care Physician (PCP): Yes

Referrals Required (Approvals):

Yes

Out-of-Network Benefits: No

Effective Date: January 1, 2023

Learn the ABCs of HMOs

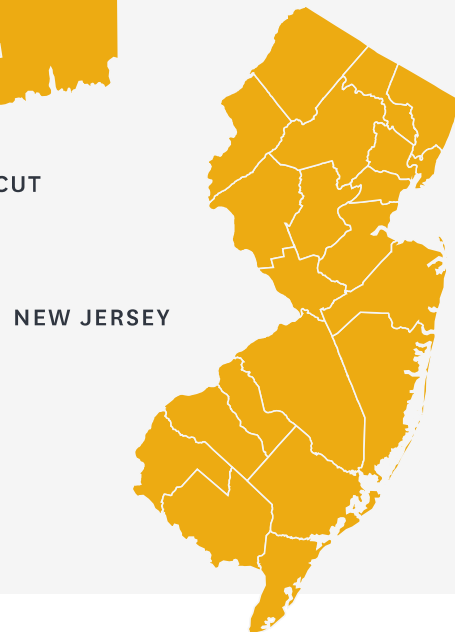
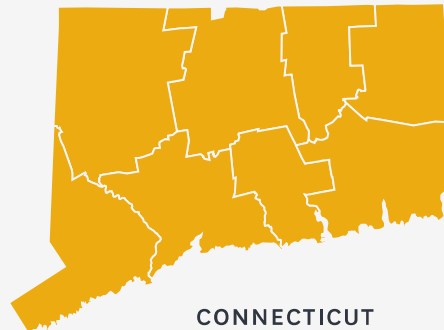
Understanding health insurance should be simple. Yet there are always so many industry terms you need to know. Here are some definitions to make things easier:

- **HMO** — Health maintenance organization
- **PCP** — Primary care physician
- **Copay** — The set dollar amount you pay for health services each time you use them.
- **Coverage** — The benefits and services available to you from your health insurance plan.
- **Deductible** — The amount you pay each year for health services before your plan starts to pay.
- **Coinsurance** — The percentage you pay for health services usually after the deductible, when your insurance plan begins to pay.
- **Network** — A group of health care professionals and facilities that contract with EmblemHealth. They provide covered products and services to members. For plans with only in-network coverage, unless it's an emergency, members need to use the plan network to get services under their plan.
- **Premium** — The amount you pay for your insurance every month.
- **Preventive Services** — Routine health care services, like annual office visits, shots, screenings, and tests. These services can prevent illnesses or find conditions before they become serious.

*EmblemHealth
Prime Network*

A Quality Network You Deserve

The EmblemHealth **Prime Network** offers a choice of top providers and hospitals in the tristate area. It includes the Prime Network in New York, the QualCare network in New Jersey, and the ConnectiCare network in Connecticut, so you have access to over 125,000 providers across the region.



Prime Network includes:

125,000+ providers

21,000+ primary care doctors

91,000+ specialists

12,300 hospitals

Find doctors in our plan's network. Go to emblemhealth.com and use the "Find a Doctor" tool. Be sure to choose large group or small group. You can find out whether you are part of a large or small group by checking with your employer.

This information is as of 8/2021.



For more
about these
services, visit
[emblemhealth.
com/goodhealth.](https://emblemhealth.com/goodhealth)

Healthy Discounts

When You're Healthy, You Feel Better

When you enroll with EmblemHealth, you'll get access to discounts on health-related services. From weight loss to vitamins, we want to help you get what you need at an affordable price.

Programs to Help You Stay Healthy

The Healthy Discounts program is available to all EmblemHealth members, but is not an insured service under your plan. The offerings include:

- **Acupuncture, Massage Therapy, and Nutrition Counseling** — Members can save up to 25% on acupuncture, therapeutic massage, and nutrition counseling.
- **Jenny Craig®** — Join Jenny Craig and receive a free three-month program (food not included) with up to \$120 in food savings (purchase required) or save 50% off premium programs (food not included).
- **Vision Discount Program** — You are eligible to access vision care, including examinations, eyewear, contact lenses, and laser vision correction, at discounted rates through a network of vision providers.
- **Hearing Care Discount Programs** — You are eligible to access discounts from the following selected vendors:
 - **HearUSA/HearX** — Offers discounts of up to 20% on hearing aid purchases and up to 10% on listening products and hearing aid accessories.
 - **Amplifon** — Take control of your hearing and improve your quality of life with a low-price guarantee on hearing aids, free batteries, follow-up care, and screenings. Amplifon offers a 60-day trial period with a 100% money-back guarantee.
- **Medical Equipment and Services Discount Program** — You may save up to 50% on comprehensive health care services and products — including prescription medications, dental care, medical supplies, home nursing care, and more.



Discover care that's
affordable and
easy to access.

AdvantageCare Physicians

At EmblemHealth, AdvantageCare Physicians (ACPNY) is always in-network, so it's easy to get the affordable, high-quality care you need.

Who is AdvantageCare Physicians?

ACPNY is a primary and specialty care practice serving half a million patients across all five boroughs of New York City* and Long Island.

The ACPNY Difference: A True Partner in Care

ACPNY takes a "whole you" approach, focusing on the physical, mental, and lifestyle factors that are unique to you. Throughout the practice, your convenience is always a top priority. Many offices feature an on-site lab, radiology services, and virtual visits. ACPNY supports your health care journey every step of the way with a range of appointment hours across locations, help staying on top of your medicines, reminders to schedule screenings, and more.

Find ACPNY providers and offices. Go to [acpny.com](https://www.acpny.com) and use the "Find a Provider or Medical Office" tool.

*BronxDocs is an affiliate of AdvantageCare Physicians.

What is Whole You Care?



Personalized Care Team: Led by a trusted Primary Care Provider who gets to know the whole you.



Specialty Care Providers: A range of specialists that work closely with your Care Team for a seamless approach to care. If needed, ACPNY can provide same-day referrals to specialists.



EmblemHealth Neighborhood Care: Your destination for a range of valuable community services. Many ACPNY offices share locations with Neighborhood Care.



Care from Home: Essential care via video, telephone, or text message means you can get the care you need from the safety and convenience of home.



The **myACPNY Patient Portal:** Stay connected to your Care Team with this easy-to-use portal.



COVID-19 Testing: More than 20 offices offer convenient access to diagnostic and testing.



EmblemHealth Neighborhood Care

We're here to help you take control of your health — from staying active to understanding your insurance benefits.

With locations across New York City and Long Island, EmblemHealth Neighborhood Care offers free health & wellness programs and face-to-face support — right in your neighborhood.

Each EmblemHealth Neighborhood Care is tailored to the unique needs of its surrounding community, with different programs and classes across locations. But, no matter what Neighborhood Care you visit, you'll always find:

- In-person and virtual customer service.
- Free health & wellness classes.
- Resources for managing your and your family's health.
- Ability to connect with EmblemHealth sales representatives and learn more about your health plan.

Getting Healthy Together

Here are just a few examples of the classes you'll find at Neighborhood Care.

- **Fitness:** Zumba, Chair Yoga, Tai Chi
- **Stress Management:** Meditation, Mindfulness
- **Personal Health and Wellness:** Nutrition Workshops, Diabetes Prevention and Self-Management, other expert-led health education

Open to Everyone

Neighborhood Care is not just for EmblemHealth members — we're a resource for the entire community. Members and non-members can participate in our free programs and classes, take advantage of our onsite health and wellness resources, and meet with our team.

As a member, we can help you make the most of your benefits by helping you understand your plan, find a doctor, and solve claims or billing issues.

Ready to get started? Stop by one of our locations or go to emblemhealth.com/neighborhood or call **800-274-2950** to schedule an appointment or view our events calendar.

WHERE WE ARE

QUEENS

Cambria Heights
Flushing
Jackson Heights

BROOKLYN

Bensonhurst
Brooklyn Heights
Crown Heights
East New York

LONG ISLAND

Bethpage

MANHATTAN

Chinatown
Duane Street
Harlem

STATEN ISLAND

Annadale
Clove Road
Richmond Avenue





On the go and at your fingertips – once you're a member, download our mobile app at **myEmblemHealth**. You can check claims, review benefits, change your PCP, and access your electronic ID card – all from your phone.

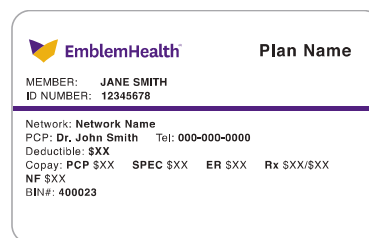
After You Join

Once you become an EmblemHealth member, you'll get everything you need to make the most of your health and wellness benefits.

The Key to Your Health Care: Your Member ID Card

Your personalized ID card will have your:

- EmblemHealth member ID number.
- Primary care doctor (PCP) name.*
- Cost-sharing amounts (what you pay for services).
- Important phone numbers.



Your Member Portal at myEmblemHealth

Register on our website, emblemhealth.com, or download the myEmblemHealth app to view plan benefits, find doctors and hospitals, choose or change a primary care doctor, request a new member ID card, and much more.

Go Paperless

Keep important health information online in one secure place at the Documents Center at myEmblemHealth. Here, you'll have quick and easy access to:

- Explanations of Benefits (EOBs).
- Alerts on claims processing.
- Updated information about coverage and benefits.

Know Your Health: Health Assessment (HA) Tool

Get a "snapshot" of your current health based on answers to key questions. Receive a personalized report with tips for improving and maintaining your health, and preventing serious illness.

We look forward to welcoming you as a new member and supporting your health and wellness goals.

*Not all plans require or include a PCP. See the Summary of Benefits for details.



Member Tools and Resources

At EmblemHealth, we've invested in the latest technology so our members can easily access the information they need to make the most of their health plan.



Find Care Tool

Our upgraded **Find Care** function under the **Find a Doctor** heading on our website makes it easier to search for in-network providers and hospitals.

Now you can:

- Navigate more easily with a new streamlined design.
- Find care on-the-go with a layout that's optimized for mobile.
- Sign in for customized, plan-specific results or search as a guest.
- See nearby providers with geolocation technology.
- View detailed provider credentials
- Sort with advanced filtering for features like wheelchair access and languages spoken.
- Compare up to three providers at once and view all available office locations.
- Use one of the following URLs to find providers in the Bridge Program.
 - For EPO Value, EPO Value HDHP and PPO Value use:
emblemhealth.com/ehic-bridge
 - For CD EPO, CD PPO, EH EPO, EH PPO, and IB EPO, IB PPO use:
emblemhealth.com/ehpi-bridge



Member Portal and App

Our enhanced **portal** allows members to manage health care anytime from anywhere, including with our new **myEmblemHealth app**. To register on the portal, members will need their ID number.

Once signed in, you can:

- Navigate through a new, user-friendly dashboard.
- Play a personalized welcome video
- Check preauthorization status.
- View claims history and payment summaries.
- Export Explanations of Benefits (EOBs).
- View, print, and request an ID card (under the ID card section).
- Access wellness resources.
- View pharmacy benefits.
- Estimate costs with a treatment cost calculator.
- Send secure messages to member services.

OUR PARTNER APPS

Teladoc*

Members with plans that include Teladoc can use the phone or computer to visit a doctor for non-emergency medical issues anytime, from anywhere in the country, for \$45 or less.* Doctors are board-certified and can order many prescriptions, if needed, for pick-up at the pharmacy.

Express Scripts

Express Scripts is the company that manages EmblemHealth's pharmacy benefit program. Members can look up prescription drug prices, order refills, set up home delivery for maintenance medicines, and more—all from the app.

HealthEquity

Many EmblemHealth members who have qualifying, high-deductible health plans open health savings accounts (HSAs) with HealthEquity. The app lets them track savings, view claims, and pay doctors directly from their tax-advantaged savings.

WellSpark Health

Members who have WellSpark well-being solutions can download the WellSpark app to access all the resources available on the WellSpark digital platform including:

- A comprehensive video library with over 130+ well-being videos
- Educational resources and tracking tools to help you reach your well-being goals
- Ability to connect and sync various activity devices



*Teladoc is a provider in the EmblemHealth network. Other providers are available in our network. Providers may also contract with other Plans/Part D sponsors. Cost-sharing may apply to services covered by your plan. Please check your plan's Certificate of Coverage for more information. Please check your Certificate of Coverage to find out if you have coverage for prescription drugs and, if so, make sure you select a participating pharmacy to fill your prescription.



ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Traditional Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-877-411-3625 (TTY/TDD: 711) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-877-411-3625** (TTY/TDD: **711**).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το **1-877-411-3625** (για άτομα με προβλήματα ακοής (TTY/TDD): **711**).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në **1-877-411-3625** (TTY/TDD: **711**).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with 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 help
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-877-411-3625** (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 member services at **1-877-411-3625**. (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.

