



Making the Most of Your Health Plan

Wellness Resources and Services for
North Shore Hebrew Academy

Effective Date: September 1, 2021





55 Water Street, New York, NY 10041-8190

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. Throughout our many years of service and 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,

A handwritten signature in black ink, appearing to read 'D Notari', with a long horizontal line extending to the right.

David Notari
Senior Vice President
Commercial Sales



I. SUBSCRIBER INFORMATION

Last Name		First Name		M.I.	Sex	Social Security Number	
Street Address		Apt.	City	State		ZIP Code	
Were you ever a member of EmblemHealth? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, member ID _____		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner (DP)		Birth Date: Mo. Day Yr. Home Tel. #: _____ Work Tel. #: _____ Cell Tel. # (see back of form*): _____		Email Address: _____	
Applicant's hours worked per week: <input type="checkbox"/> At least 20 hours <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree (see back of form**)		Type of Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Employee & Spouse/DP <input type="checkbox"/> Employee & Child		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? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, indicate: Insurance Co. Name: _____ Type of Coverage: _____ Policy #: _____ Effective Date: _____		Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination <input type="checkbox"/> Change		Status: <input type="checkbox"/> Add Dependent <input type="checkbox"/> Remove Dep. <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change		Transfer: <input type="checkbox"/> To Another Carrier <input type="checkbox"/> 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.		Primary Care Physician Name/ID Number (Not required for EPO/PPO members)		OB/GYN Selection Name/ID Number (Optional)				
Last Name (if different)	First Name	Social Security Number	Sex	Relationship		Birth Date		✓ if Disabled¹
				Mo.	Day	Yr.		
DEPENDENT							<input type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	
Current Health Insurance Information:		Carrier Name: _____		Coverage Begin Date: _____		Coverage End Date: _____		
DEPENDENT				<input type="checkbox"/> Child				
Current Health Insurance Information:		Carrier Name: _____		Coverage Begin Date: _____		Coverage End Date: _____		
DEPENDENT				<input type="checkbox"/> Child				
Current Health Insurance Information:		Carrier Name: _____		Coverage Begin Date: _____		Coverage End Date: _____		

¹For 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: North Shore Hebrew Academy	Group Number: 1100257001		Sub Group ID _____	Class ID _____	Plan ID _____
	If you selected a small group metal plan, please indicate which plan you are selecting: _____				
Requested Effective Date: Medical: _____ Dental: _____	Hire Date: _____	Waiting Period: _____	Date Submitted: _____		
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.

Health Insurance Plan of Greater New York (HIP), EmblemHealth Insurance Company, EmblemHealth Plan, Inc. and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

100-23-TransForm (4/20)



Come Join Us

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

How EPO Plans Work

EPO plans offer in-network benefits only. If you see a health care professional who's not in the EPO network, you may have to pay all the costs for that care yourself (except if it's for emergency hospital care). An EPO plan doesn't require you to choose a PCP. And you don't need a referral (approval) to see a specialist. It's still a good idea to pick one in-network doctor who can get to know the whole you and oversee your total care.

Our EPO Network

Our network is a group of doctors, hospitals, and other health care providers who have a contract to provide care through our EPO. See the network flyer in this kit to learn more about the network that's part of this plan. The network flyer also contains instructions on how to search for doctors and 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: EmblemHealth EPO Value

Product Type: Large Group

Network: Prime Network

National Coverage: Yes, through First Health Network

Primary Care Physician (PCP): No

Referrals Required (Approvals): No

Out-of-Network Benefits: No

Effective Date: September 1, 2021

Learn the ABCs of EPOs

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:

- **EPO** — Exclusive provider 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.
- **Coinurance** — 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.

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 123,000 providers across the region.

Prime Network in the Tristate Area** includes:

43,000+ primary care doctors*

84,000+ specialists*

3,800+ cardiologists

7,800+ pediatricians

2,900+ oncologists

2,200+ orthopedic surgeons

4,500+ OB-GYNs

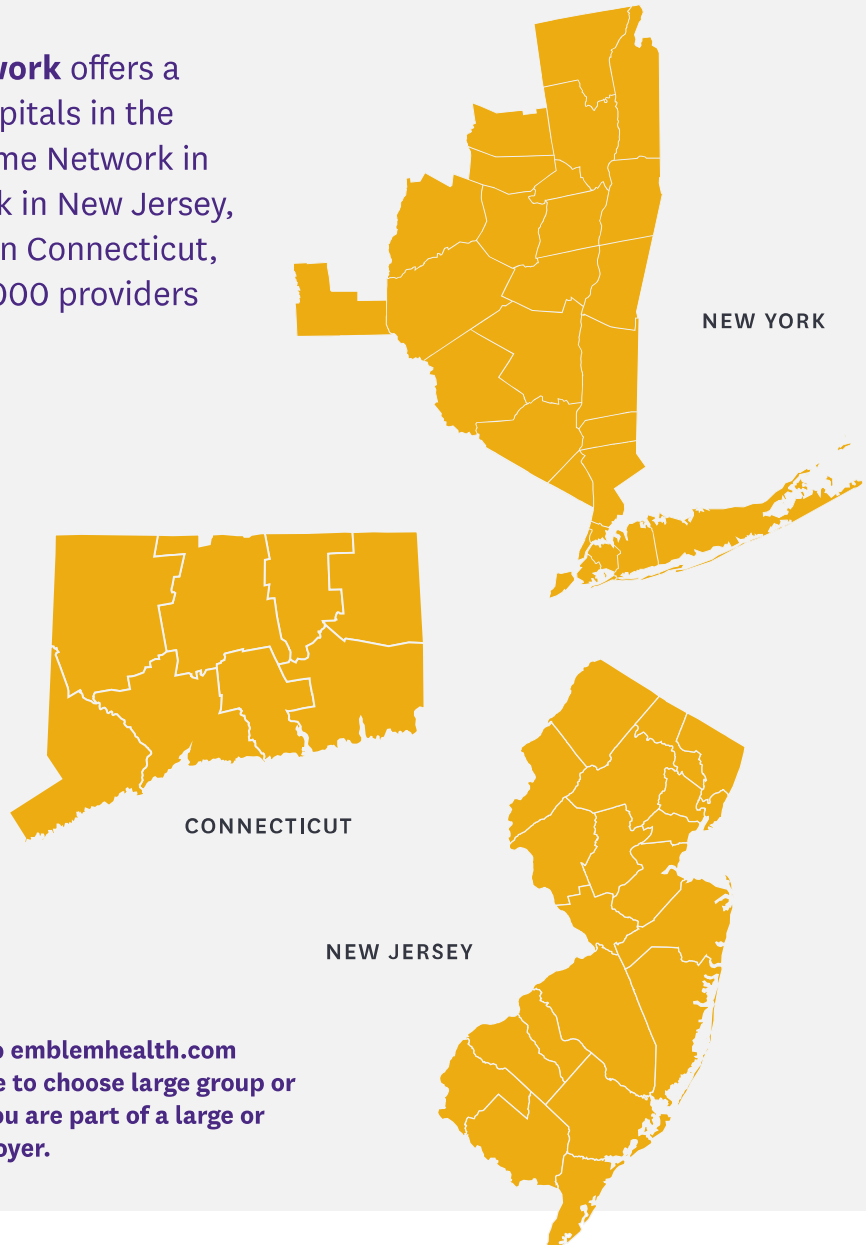
245 hospitals

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 5/2020.

*Criteria for primary care doctor status is based on board-certified specialties. Providers are considered primary care doctors if they have a board-certified specialty of Internal Medicine, Family Practice, General Practice, or Pediatrics.

**Tristate Area includes 28 counties in New York, 21 counties in New Jersey, and 8 counties in Connecticut.



The EmblemHealth Bridge Program

A Bridge to Expanded Access for Large Groups

EmblemHealth's Bridge Program is our best solution for nationwide access at competitive rates.

Plans Designed to Meet the Needs of our Clients and Members

EmblemHealth has been building strong partnerships in the tristate area for more than 80 years. Bridge offers enhanced local coverage with national access.

The Power of Bridge

Get the broadest access available through EmblemHealth. With Bridge, members can get the care they need where they need it, seamlessly. Included are local Centers for Excellence such as Hospital for Special Surgery, Memorial Sloan Kettering Cancer Center, and Montefiore Medical Center. Nationwide coverage is offered through our partner, FirstHealth®.

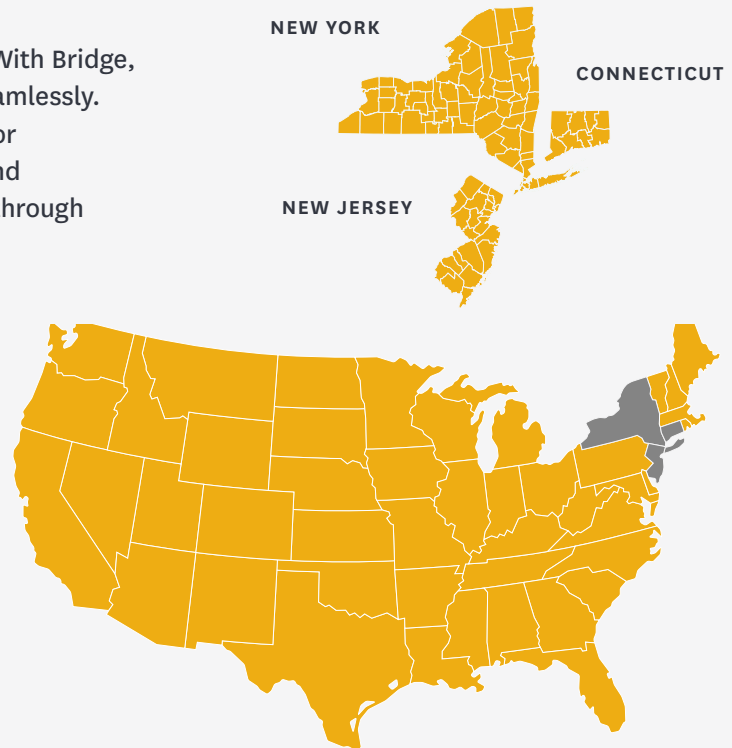
The Bridge Program includes:

848,000+ providers

171,000+ primary care physicians

710,000+ specialists

5,920 hospitals



If you're new to EmblemHealth, this is our best access at a competitive price.

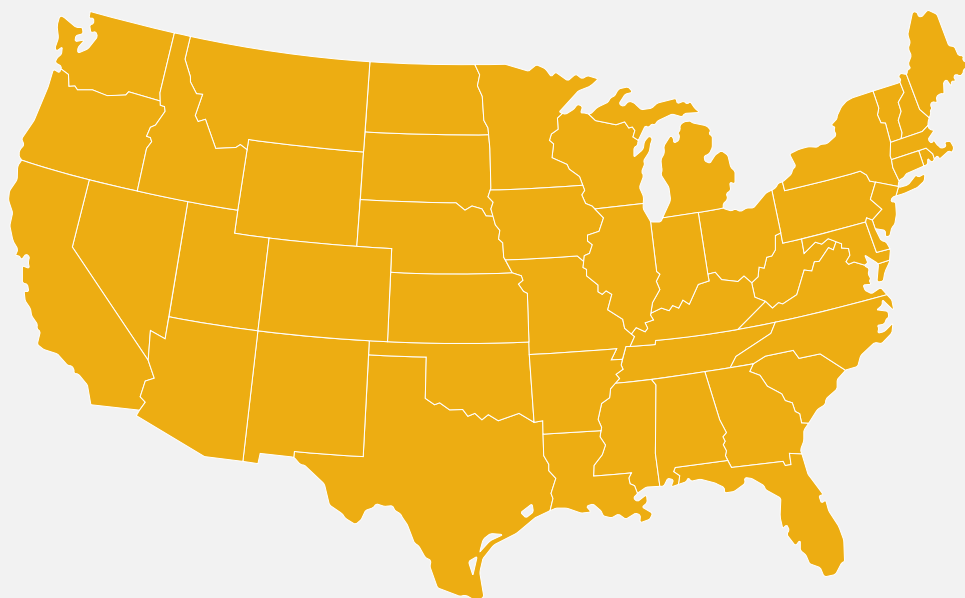
If you're an existing client, a switch to Bridge gives you everything you have now, plus more access.

Bridge Program information as of 6/2021. First Health® information as of 3/2021.



A Quality Network You Deserve

With EmblemHealth, you can get the care you need when you need it — nationwide. If you have an emergency while living or traveling outside your network area, our partner, the **First Health Network**, will be there for you. First Health is NCQA-accredited and offers a wide range of high-quality inpatient and outpatient services across the country.



First Health Network includes:

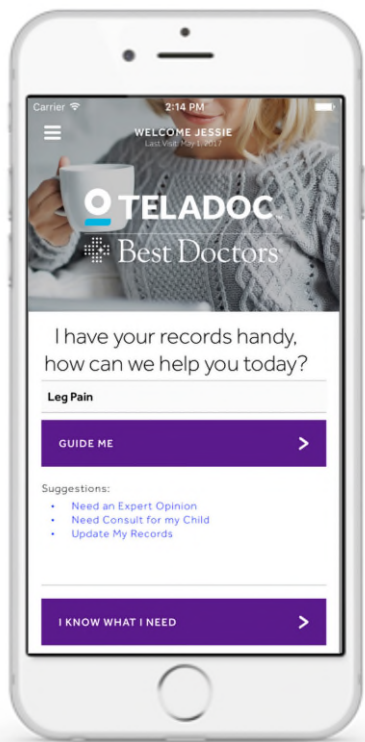
744,000+ providers

619,000+ specialists

5,300 hospitals

If you ever need to find a First Health network doctor, just call their dedicated provider locator at 888-626-0553, 8 am to 8 pm, Monday through Friday. Or, visit emblemhealth.com and click on “Find a Doctor.”

This information is as of 5/2020.



You can access medical care through your phone, computer, or mobile device.

Teladoc®: Your Virtual Office Visit

Use telemedicine to get non-urgent medical care. It's convenient, immediate, and available 24 hours a day, 365 days a year.

Talk to doctors who practice primary care, family care, and more. Telemedicine doctors can prescribe certain medicines.

Use telemedicine when:

- You feel sick and don't want to leave home.
- You just moved and don't know local doctors.
- Your doctor isn't available.
- You're out of town and need a doctor's advice.
- You have a busy schedule.

Don't use telemedicine when:

- You need emergency care.
- You need a biometric screening, such as a BMI or blood pressure check.
- Your care requires a review of your health records or x-rays.

What types of non-urgent conditions are right for telemedicine?

- Cough
- Flu
- Sore throat
- Fever
- Bronchitis
- Sinusitis
- Headache
- Pinkeye
- Painful urination

Remember: Telemedicine does not replace the care of your regular doctor. Only your doctor can provide the full range of care to meet your health needs.

This benefit will be provided at low or no copay. Please check your Summary of Benefits for more information.

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EmblemHealth Plan, Inc., Health Insurance Plan of Greater New York (HIP), EmblemHealth Insurance Company and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies. EMB_MP_FLY_51555_Teladoc_CCEK 8/20



Natural Healing

EmblemHealth Offers Acupuncture

Acupuncture can help the body heal naturally. It can be useful as an additional or alternative treatment for pain related to a variety of conditions. We've partnered with American Specialty Health (ASH) to bring this new benefit to our members.* Acupuncture is available as follows:

Visit emblemhealth.com/acupuncture for more information.

For detailed information about your plan's terms and conditions, or limitations and exclusions, refer to your Certificate of Coverage. Acupuncture benefits are available only from in-network acupuncturists. Out of network acupuncture services are not covered. This summary provides only benefit highlights. Coverage is subject to all terms, conditions, limits, and exclusions set forth in the Certificate of Coverage. Refer to policy form numbers: 155-23-IONHIXHMO (04/20), 155-23-IOFFHIXCONT (04/20), 155-OA-SGCERT (04/20), 151-23-SGEPHIXCERT (04/20), 151-23-SGPPOCERT (04/20), 155-23-LGHMOCERT (08-19), 155-23-LGTIERCERT (12-18), and 151-23-LGEPOCERT (07-20) et al.

Large Groups	Maximum Number of Visits Per Year	Copay Per Visit
Included in the following plans: EmblemHealth HMO Plus EmblemHealth HMO Preferred Plus EmblemHealth EPO Value	20	\$20
Optional rider for purchase with other plans*	20	\$20
Small Groups	Maximum Number of Visits Per Year	Copay Per Visit
EmblemHealth Platinum Premier-P EmblemHealth Platinum Value-P EmblemHealth Platinum Premier-S EmblemHealth Platinum Value-S EmblemHealth Gold Premier-P EmblemHealth Gold Value-P EmblemHealth Gold Premier-S EmblemHealth Gold Value-S EmblemHealth Silver Premier-P EmblemHealth Silver Value-P EmblemHealth Silver Premier-S EmblemHealth Silver Value-S EmblemHealth Silver Plus H.S.A EmblemHealth Bronze Premier-P EmblemHealth Bronze Value-P EmblemHealth Bronze Premier-S EmblemHealth Bronze Value-S EmblemHealth Bronze Plus H.S.A. EmblemHealth Platinum PPO-N EmblemHealth Gold PPO-N EmblemHealth Gold Virtual EPO-N EmblemHealth Gold Virtual EPO-M	12	\$0
Individual Direct Pay	Maximum Number of Visits Per Year	Copay Per Visit
Included in the following plans: EmblemHealth Gold Value EmblemHealth Gold Value EmblemHealth Silver Value EmblemHealth Silver Value EmblemHealth Silver Value CSR 1 EmblemHealth Silver Value CSR 2 EmblemHealth Silver Value CSR 3 EmblemHealth Silver Bold EmblemHealth Silver Bold EmblemHealth Silver Bold CSR 1 EmblemHealth Silver Bold CSR 2 EmblemHealth Silver Bold CSR 3 EmblemHealth Silver Value D EmblemHealth Gold Value D	12	\$0

*This benefit cannot be used with any other ASH discount available to EmblemHealth members.



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 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 Manhattan, Queens, Brooklyn, and more, 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 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, Kickboxing, Yoga, Tai Chi
- **Stress Management:** Meditation, Massage
- **Personal Health and Wellness:** Nutrition Workshops, Diabetes Self-Management, Support Groups

Ready to get started? Stop by one of our locations or go to emblemhealth.com/about/neighborhood-care for our events calendar.

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.

WHERE WE ARE

QUEENS

Cambria Heights
Flushing

BROOKLYN

Bensonhurst
Brooklyn Heights
Crown Heights
East New York

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.

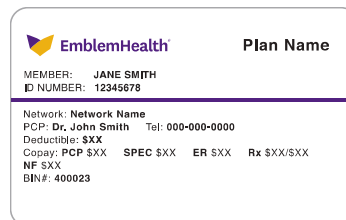
After You Join

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.

SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

EmblemHealth EPO Value utilizes the Bridge Network for NY, CT and NJ residents.
Residents of other states utilize the First Health Network.

➤ MAJOR COST SHARING PROVISIONS	Participating Provider
Plan Year Out-of-Pocket Limit	\$5,000 Individual / \$10,000 Family
Medical Deductible Unless otherwise noted, applies to Inpatient services only	\$2,000 Individual / \$4,000 Family
Medical Coinsurance	20%
Prescription Drug Deductible (applies to all tiers)	\$100 Individual / \$200 Family
PCP Office visits	\$30 Copayment
Specialist Office visits	\$50 Copayment No referral needed
Hospital admission	Subject to Deductible and Coinsurance
Emergency Room copay (waived if Hospital admission)	\$250 Copayment
Prescription drugs – 30 day supply	\$15 Tier 1 / \$30 Tier 2 / \$75 Tier 3: after deductible
Prescription drugs – 90 day supply	\$37.50 Tier 1 / \$75 Tier 2 / \$187.50 Tier 3: after deductible

➤ INPATIENT HOSPITAL SERVICES	Participating Provider
• Hospital and physician services	Hospital Services Subject to Deductible and Coinsurance. Inpatient Medical Visits \$0 Copayment
• Semi-private room and board	Subject to Deductible and Coinsurance
• Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays, lab tests, mastectomy care, cardiac and pulmonary rehabilitation and end of life care	Subject to Deductible and Coinsurance
• Inpatient Habilitation Services (Physical, Speech and Occupational Therapy)	Subject to Deductible and Coinsurance. Limit of 30 days per plan year combined therapies
• Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy)	Subject to Deductible and Coinsurance. Limit of 30 days per plan year combined therapies
• Radiation therapy and chemotherapy	Included in Hospital Admission Cost Sharing
• Human organ transplants	Included in Hospital Admission Cost Sharing

SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

➤ MATERNITY AND NEW BORN CARE	Participating Provider
• Prenatal care	Covered in full
• Inpatient Hospital Services and Birthing Center	\$1,000 copayment, not subject to deductible and coinsurance
• Physician and Midwife Services for Delivery	Covered in full
• Breast Pump	Covered in full
• Postnatal care	Covered in full
➤ OUTPATIENT MEDICAL CARE	Participating Provider
• PCP office visits	Subject to PCP office visit copay
• Specialists office visits	Subject to Specialist office visit copay
• Preventive care, including well-child visits and immunizations, adult annual physical examinations, adult immunizations, routine gynecological services/well woman exams, mammograms, screening and diagnostic imaging for the detection of breast cancer, sterilization procedures for women, and bone density testing.	Covered in full
• Laboratory Procedures, Diagnostic Testing and Radiology Services (including X-ray, X-ray therapy, lab tests, EKG's, EEG's, fluoroscopy, therapeutic radiology services)	
• Performed in a PCP Office	\$20 Copayment
• Performed in Specialist Office or as Outpatient Hospital Services	\$20 Copayment
• Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans)	\$50 Copayment
• Ambulatory surgery center facility	\$400 Copayment
• Outpatient hospital surgery facility	\$600 Copayment
• Preadmission testing	No Copay
• Second opinions on the diagnosis of cancer, surgery and other	No Copay
• Routine foot care	Not covered
• Outpatient Habilitation Services (physical therapy, occupational therapy, speech therapy)	Limit of 30 visits per plan year. Combined therapies
Performed in a PCP Office	Subject to PCP office visit copay
Performed in a Specialist Office	Subject to Specialist office visit copay
Performed in an Outpatient Facility	Subject to Specialist office visit copay

SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

<ul style="list-style-type: none"> Outpatient Rehabilitation Services (physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation) <p>Performed in a PCP Office</p> <p>Performed in a Specialist Office</p> <p>Performed in an Outpatient Facility</p>	<p>Limit of 30 visits per plan year. Combined therapies</p> <p>Subject to PCP office visit copay</p> <p>Subject to Specialist office visit copay</p> <p>Subject to Specialist office visit copay</p>
<ul style="list-style-type: none"> Acupuncture (up to 20 visits per Calendar year) 	\$20 Copayment
<ul style="list-style-type: none"> Telemedicine Program <ul style="list-style-type: none"> Provided by a Telemedicine Physician 	Subject to PCP office visit copay

➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE USE SERVICES	Participating Provider
Mental Health Care	
<ul style="list-style-type: none"> Inpatient 	Subject to Deductible and Coinsurance
<ul style="list-style-type: none"> Outpatient 	\$30 Copayment
Substance Use Services	
<ul style="list-style-type: none"> Inpatient 	Subject to Deductible and Coinsurance
<ul style="list-style-type: none"> Outpatient 	\$30 Copayment

SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

➤ SPECIAL KINDS OF CARE	Participating Provider
Urgent Care (in-network Physician or Center only)	\$75 Copayment
Ambulance service to hospital	\$250 Copayment
Home health care	\$0 Copayment. Limit of 40 visits per plan year.
Hospice care	No copay. Limit of 210 days per plan year.
Skilled Nursing Facility (including cardiac and pulmonary rehabilitation)	Subject to Deductible and Coinsurance. Limit of 30 days per plan year.
Dialysis treatment	
• Performed in PCP Office	Subject to PCP office visit copay
• Performed in Specialist Office, Free standing Center, or as Outpatient Hospital Services	\$50 Copayment
Diabetes equipment, supplies, Insulin and education	Subject to PCP office visit copay
Chiropractic Services	Subject to Specialist office visit copay
Family Planning Services	Covered
Infertility Diagnosis and Treatment	Subject to applicable copays
Dental Care	
• General Dental Care	Not covered
• Preventive Dental	Not covered
Durable Medical Equipment	Covered in full
Hearing Aids	Not covered, Cochlear implants covered
Optical Care	
• Refractive Eye Exams	Subject to Specialist office visit copay
• Eyeglasses	Not covered

FOOTNOTES

¹ Drugs are dispensed in accordance with EmblemHealth's Drug Formulary. Please refer to your Prescription Drug Rider for details.

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SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

EmblemHealth EPO Value utilizes the Bridge Network for NY, CT and NJ residents. Residents of other states utilize the First Health Network.

➤ MAJOR COST SHARING PROVISIONS	Participating Provider
Plan Year Out-of-Pocket Limit	\$7,150 Individual / \$14,300 Family
Medical Deductible Unless otherwise noted, applies to Inpatient services only	\$2,500 Individual / \$5,000 Family
Medical Coinsurance	30%
Prescription Drug Deductible (applies to all tiers)	\$100 Individual / \$200 Family
PCP Office visits	\$30 Copayment
Specialist Office visits	\$50 Copayment No referral needed
Hospital admission	Subject to Deductible and Coinsurance
Emergency Room copay (waived if Hospital admission)	\$250 Copayment
Prescription drugs – 30 day supply	\$20 Tier 1 / \$40 Tier 2 / \$100 Tier 3: after deductible
Prescription drugs – 90 day supply	\$50 Tier 1 / \$100 Tier 2 / \$250 Tier 3: after deductible

➤ INPATIENT HOSPITAL SERVICES	Participating Provider
• Hospital and physician services	Hospital Services Subject to Deductible and Coinsurance. Inpatient Medical Visits \$0 Copayment
• Semi-private room and board	Subject to Deductible and Coinsurance
• Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays, lab tests, mastectomy care, cardiac and pulmonary rehabilitation and end of life care	Subject to Deductible and Coinsurance
• Inpatient Habilitation Services (Physical, Speech and Occupational Therapy)	Subject to Deductible and Coinsurance. Limit of 30 days per plan year combined therapies
• Inpatient Rehabilitation Services (Physical, Speech and Occupational Therapy)	Subject to Deductible and Coinsurance. Limit of 30 days per plan year combined therapies
• Radiation therapy and chemotherapy	Included in Hospital Admission Cost Sharing
• Human organ transplants	Included in Hospital Admission Cost Sharing

SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

➤ MATERNITY AND NEW BORN CARE	Participating Provider
• Prenatal care	Covered in full
• Inpatient Hospital Services and Birthing Center	\$750 copayment, not subject to deductible and coinsurance
• Physician and Midwife Services for Delivery	Covered in full
• Breast Pump	Covered in full
• Postnatal care	Covered in full
➤ OUTPATIENT MEDICAL CARE	Participating Provider
• PCP office visits	Subject to PCP office visit copay
• Specialists office visits	Subject to Specialist office visit copay
• Preventive care, including well-child visits and immunizations, adult annual physical examinations, adult immunizations, routine gynecological services/well woman exams, mammograms, screening and diagnostic imaging for the detection of breast cancer, sterilization procedures for women, and bone density testing.	Covered in full
• Laboratory Procedures, Diagnostic Testing and Radiology Services (including X-ray, X-ray therapy, lab tests, EKG's, EEG's, fluoroscopy, therapeutic radiology services)	
• Performed in a PCP Office	\$30 Copayment
• Performed in Specialist Office or as Outpatient Hospital Services	\$50 Copayment
• Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans)	\$50 Copayment
• Ambulatory surgery center facility	\$350 Copayment
• Outpatient hospital surgery facility	\$350 Copayment
• Preadmission testing	No Copay
• Second opinions on the diagnosis of cancer, surgery and other	No Copay
• Routine foot care	Not covered
• Outpatient Habilitation Services (physical therapy, occupational therapy, speech therapy)	Limit of 90 visits per plan year. Combined therapies
Performed in a PCP Office	Subject to PCP office visit copay
Performed in a Specialist Office	Subject to Specialist office visit copay
Performed in an Outpatient Facility	Subject to Specialist office visit copay

SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

<ul style="list-style-type: none"> Outpatient Rehabilitation Services (physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation) <p>Performed in a PCP Office</p> <p>Performed in a Specialist Office</p> <p>Performed in an Outpatient Facility</p>	<p>Limit of 90 visits per plan year. Combined therapies</p> <p>Subject to PCP office visit copay</p> <p>Subject to Specialist office visit copay</p> <p>Subject to Specialist office visit copay</p>
<ul style="list-style-type: none"> Acupuncture (up to 20 visits per Calendar year) 	\$20 Copayment
<ul style="list-style-type: none"> Telemedicine Program <ul style="list-style-type: none"> Provided by a Telemedicine Physician 	Subject to PCP office visit copay
➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE USE SERVICES	Participating Provider
Mental Health Care	
<ul style="list-style-type: none"> Inpatient 	Subject to Deductible and Coinsurance
<ul style="list-style-type: none"> Outpatient 	\$30 Copayment
Substance Use Services	
<ul style="list-style-type: none"> Inpatient 	Subject to Deductible and Coinsurance
<ul style="list-style-type: none"> Outpatient 	\$30 Copayment

➤ SPECIAL KINDS OF CARE	Participating Provider
Urgent Care (in-network Physician or Center only)	\$100 Copayment
Ambulance service to hospital	\$250 Copayment
Home health care	\$0 Copayment. Limit of 40 visits per plan year.
Hospice care	No copay. Limit of 210 days per plan year.
Skilled Nursing Facility (including cardiac and pulmonary rehabilitation)	Subject to Deductible and Coinsurance
Dialysis treatment <ul style="list-style-type: none"> Performed in PCP Office 	Subject to PCP office visit copay
<ul style="list-style-type: none"> Performed in Specialist Office, Free standing Center, or as Outpatient Hospital Services 	\$50 Copayment
Diabetes equipment, supplies, Insulin and education	Subject to PCP office visit copay
Chiropractic Services	Subject to Specialist office visit copay
Family Planning Services	Covered
Infertility Diagnosis and Treatment	Subject to applicable copays
Dental Care	
<ul style="list-style-type: none"> General Dental Care 	Not covered
<ul style="list-style-type: none"> Preventive Dental 	Not covered
Durable Medical Equipment	Covered in full

SUMMARY OF BENEFITS

EMBLEMHEALTH EPO VALUE

Hearing Aids	Not covered, Cochlear implants covered
Optical Care	
• Refractive Eye Exams	Subject to Specialist office visit copay
• Eyeglasses	Not covered

FOOTNOTES

¹ Drugs are dispensed in accordance with EmblemHealth's Drug Formulary. Please refer to your Prescription Drug Rider for details.

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EmblemHealth EPO Value

Bridge Network

North Shore

Effective Date: September 1, 2021

➤ MAJOR COST SHARING PROVISIONS	PARTICIPATING PROVIDER
Benefit Period	Plan Year
Maximum Out-of-Pocket-Limit	\$7,350 Individual / \$14,700 Family
Medical Deductible	\$3,000 Individual / \$6,000 Family
Medical Coinsurance	20%
PCP Office visits	\$30 Copayment
Specialist Office visits	\$75 Copayment
Hospital admission	Deductible & Coinsurance
Emergency Room copay (waived if Hospital admission)	\$500 Copayment
Prescription Drug Deductible	\$100 Individual / \$200 Family; applies to Tier 1, Tier 2, and Tier 3 drugs
Prescription drugs – 30 day supply	Tier 1 - \$25 / Tier 2 - \$50 / Tier 3 - \$100
Prescription drugs – 90 day supply	Tier 1 - \$50 / Tier 2 - \$100 / Tier 3 - \$200
➤ INPATIENT HOSPITAL SERVICES	PARTICIPATING PROVIDER
• Hospital and physician services	Subject to Hospital Admission Copayment, Physician Services Covered in Full
• Semi-private room and board	Included in Hospital Admission Copayment
• Operating and recovery room, intensive and special care units, general nursing care, prescribed drugs, anesthesia, X-rays, lab tests, mastectomy care, cardiac and pulmonary rehabilitation and end of life care	Included in Hospital Admission Copayment
• Inpatient Rehabilitation & Habilitation Services (Physical, Speech and Occupational Therapy)	Subject to Hospital Admission Copayment; 30 days, combined therapies
• Human organ transplants	Included in Hospital Admission Copayment
➤ MATERNITY AND NEW BORN CARE	PARTICIPATING PROVIDER
• Prenatal care	Covered in full
• Inpatient Hospital Services and Birthing Center	\$1,000 Copayment
• Physician and Midwife Services for Delivery	Covered in full
• Breast Pump	Covered in full
• Postnatal care	Covered in full

EmblemHealth EPO Value

Bridge Network

North Shore

Effective Date: September 1, 2021

➤ SURGICAL SERVICES	PARTICIPATING PROVIDER
• Inpatient Hospital Surgery	Covered in full
• Outpatient Hospital Surgery	Covered in full
• Surgery performed in a PCP Office	\$30 Copayment
• Surgery performed in a Specialist Office	\$75 Copayment
• Surgery performed at an Ambulatory Surgical Center	Covered in full
➤ CARDIAC REHABILITATION	PARTICIPATING PROVIDER
• Performed as Inpatient Hospital Services	Included as part of inpatient Hospital Service Cost-Sharing
• Performed as Outpatient Hospital Services	\$100 Copayment, after deductible; 32 visits, combined with Specialist Office limits
• Performed in a Specialist Office	\$75 Copayment; 32 visits, combined with Outpatient Hospital limits
➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
• PCP office visits	\$30 Copayment
• Specialists office visits	\$75 Copayment
• Preventive care, including well-child visits and immunizations, adult annual physical examinations, adult immunizations, routine gynecological services/well woman exams, mammograms, screening and diagnostic imaging for the detection of breast cancer, sterilization procedures for women, and bone density testing	Covered in full
• Laboratory Procedures, <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in Specialist Office • Performed in a Free Standing Laboratory • Performed as Outpatient Hospital Services 	\$30 Copayment \$75 Copayment Covered in full \$100 Copayment, after deductible
• Diagnostic Radiology <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in Specialist Office • Performed in a Free Standing Laboratory • Performed as Outpatient Hospital Services 	\$30 Copayment \$75 Copayment \$75 Copayment \$100 Copayment, after deductible

EmblemHealth EPO Value

Bridge Network

North Shore

Effective Date: September 1, 2021

➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> Diagnostic Testing <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office Performed as Outpatient Hospital Services 	<p>\$30 Copayment</p> <p>\$75 Copayment</p> <p>\$100 Copayment, after deductible</p>
<ul style="list-style-type: none"> Advanced Imaging Services (PET scans, MRI, nuclear medicine, CAT scans) <ul style="list-style-type: none"> Performed in Specialist Office Performed in a Free Standing Laboratory Performed as Outpatient Hospital Services 	<p>\$75 Copayment</p> <p>\$75 Copayment</p> <p>\$100 Copayment, after deductible</p>
<ul style="list-style-type: none"> Infusion Therapy <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office Performed as Outpatient Hospital Services Home Infusion Therapy 	<p>\$30 Copayment</p> <p>\$75 Copayment</p> <p>\$100 Copayment, after deductible</p> <p>\$30 Copayment</p>
<ul style="list-style-type: none"> Ambulatory surgery center facility 	Deductible & Coinsurance
<ul style="list-style-type: none"> Outpatient hospital surgery facility 	Deductible & Coinsurance
<ul style="list-style-type: none"> Preadmission testing 	Covered in full
<ul style="list-style-type: none"> Second opinions on the diagnosis of cancer, surgery and other 	Covered in full
<ul style="list-style-type: none"> Outpatient Habilitation Services <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office Performed as Outpatient Hospital Services 	<p>30 visits, combined therapies</p> <p>\$30 Copayment</p> <p>\$75 Copayment</p> <p>\$100 Copayment, after deductible</p>
<ul style="list-style-type: none"> Radiation therapy <ul style="list-style-type: none"> Performed in Specialist Office Performed in a Free Standing Laboratory Performed as Outpatient Hospital Services 	<p>\$75 Copayment</p> <p>\$75 Copayment</p> <p>\$100 Copayment, after deductible</p>
<ul style="list-style-type: none"> Chemotherapy <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office Performed as Outpatient Hospital Services 	<p>\$30 Copayment</p> <p>\$75 Copayment</p> <p>\$100 Copayment, after deductible</p>

EmblemHealth EPO Value

Bridge Network

North Shore

Effective Date: September 1, 2021

➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> Outpatient Rehabilitation Services (physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation) <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office Performed as Outpatient Hospital Services 	30 visits, combined therapies \$30 Copayment \$75 Copayment \$100 Copayment, after deductible
<ul style="list-style-type: none"> Allergy Testing and Treatment <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office 	\$30 Copayment \$75 Copayment
<ul style="list-style-type: none"> Acupuncture 	\$20 Copayment; 12 visits
<ul style="list-style-type: none"> Telemedicine Program Provided by a Telemedicine Physician 	\$30 Copayment
➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE USE SERVICES	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> Mental Health Care <ul style="list-style-type: none"> Inpatient Outpatient 	Deductible & Coinsurance; Unlimited days \$30 Copayment; Unlimited visits
<ul style="list-style-type: none"> Substance Use Services <ul style="list-style-type: none"> Inpatient Outpatient 	Deductible & Coinsurance; Unlimited days \$30 Copayment
➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
Urgent Care Center	\$30 Copayment
Non-Emergency Ambulance Services	\$200 Copayment
Pre-Hospital Emergency Medical Services (Ambulance Services)	\$200 Copayment
Home health care	Deductible & Coinsurance; 40 visits
Hospice care	Covered in full; 210 days
Skilled Nursing Facility (including cardiac and pulmonary rehabilitation)	Deductible & Coinsurance; 30 day limit

EmblemHealth EPO Value

Bridge Network

North Shore

Effective Date: September 1, 2021

➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> Dialysis treatment <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office Performed in a Free Standing Laboratory Performed as Outpatient Hospital Services 	<p>\$30 Copayment</p> <p>\$75 Copayment</p> <p>\$75 Copayment</p> <p>\$100 Copayment, after deductible</p>
Diabetes equipment, supplies, Insulin and education (30-day supply)	\$30 Copayment
Chiropractic Services	\$75 Copayment
Family Planning Services	Covered
Vasectomy	\$75 Copayment
Infertility Diagnosis and Treatment	3 Cycles IVF, Per Lifetime, Subject To Applicable Copayment
Dental Care <ul style="list-style-type: none"> Preventive Dental 	Not Covered
Durable Medical Equipment and Braces	\$500 deductible
Prosthetics	\$500 deductible
Orthotics	\$500 deductible
Medical Supplies	Covered in full
External Hearing Aids	Not covered
Cochlear Implants	Covered in full - One (1) per ear per time Covered
Optical Care <ul style="list-style-type: none"> Refractive Eye Exams Eyeglasses 	<p>\$75 Copayment</p> <p>Not covered</p>
ABA Treatment for Autism Spectrum Disorder	\$30 Copayment
Assistive Communication Devices for Autism Spectrum Disorder	\$30 Copayment
➤ ADDITIONAL BENEFITS	PARTICIPATING PROVIDER
<ul style="list-style-type: none"> Nurse Advice Line 	Not Covered
<ul style="list-style-type: none"> WellSpark 	Not Covered
<ul style="list-style-type: none"> Gym Reimbursement 	\$200 per 6 month calendar year period

EmblemHealth EPO Value

Bridge Network

North ShoreEffective Date: September 1, 2021

FOOTNOTES

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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**).

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.

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