

# Welcome to your New York City Employees PPO plan



# NYC EMPLOYEES PPO PLAN

We're pleased to welcome you to the New York City Employees PPO (NYCE PPO) plan. NYCE PPO is provided jointly by EmblemHealth and UnitedHealthcare for New York City employees, pre-Medicare retirees under age 65 and family members. Explore your expanded access to care from more than 78,000 EmblemHealth network providers in the 13 downstate New York counties and more than 1.6 million network providers nationwide through the UnitedHealthcare Choice Plus network.

## Register for our member portal

You have a secure way to register and sign in to your NYCE PPO account called **HealthSafe ID**<sup>®</sup>. Using a HealthSafe ID gives you secure access to your digital account through the member portal and the NYCE PPO mobile app – with just one username and password.

To create your NYCE PPO digital account, visit **[nyceppo.com/start](https://nyceppo.com/start)** and select **Register now**. Enter your registration information to check if you have a HealthSafe ID. If you have already registered, your name will be in the system. If you have not registered, you can easily complete your registration.

Note: You will need your new member ID card to register. If you haven't yet received your ID card, call Member Services at **212-501-4444** (TTY: **711**). Make sure to use your existing member ID card for services through Dec. 31, 2025, and begin using your new card starting Jan. 1, 2026.



**Visit [nyceppo.com/start](https://nyceppo.com/start) to make the most of your benefits.**

## Once you register your account, you can:

- ✓ Search for in-network providers
- ✓ View digital member ID cards for you and your family
- ✓ See benefits details
- ✓ Estimate costs before appointments
- ✓ Check on recent claims
- ✓ Reach out by chat or call

# Helpful health plan information to explore

## No referrals and fewer prior authorizations

You'll continue to have no referrals, and now with NYCE PPO, the number of services requiring prior authorizations is reduced. If you have questions about a service requiring a prior authorization, please call us at **212-501-4444** (TTY: **711**).

## Transition of care

If your doctor is not part of the NYCE PPO network, you may be eligible for a transition of care. This lets you continue to see your doctor for a specified medical or mental health condition for up to 90 days from Jan. 1, 2026, at in-network rates while you transition to an in-network doctor or facility.

Examples of medical conditions that may qualify for transition of care include:

- Pregnancy
- Cancer treatment
- Organ transplant candidates awaiting a donor or under active treatment
- Being in a hospital at the time of the network change

Examples of medical conditions that do not qualify for transition of care include:

- Routine exams, vaccinations and health assessments
- Chronic conditions that are stable such as diabetes, arthritis, allergies, asthma, kidney disease and high blood pressure
- Minor illnesses such as colds, sore throats and ear infections
- Scheduled elective surgeries



**Questions?**  
**We're here if you need us.**

If you think you have a situation that may qualify for transition of care, you can download a request form by visiting **nyceppo.com** and selecting **Form center**, or calling **212-501-4444** (TTY: **711**).

You have 60 days before the start of the plan and 60 days after the plan start date to request transition of care.

# Discover new and enhanced health care services



## CARE programs to help support you in your health journey

NYCE PPO is here to support your health at every stage. We developed a suite of CARE programs that combines the power of EmblemHealth and UnitedHealthcare to help you focus on prevention and early intervention as well as care management for common and chronic conditions.

We'll reach out to talk about the following programs, as needed, to help you manage your health:



Complex  
Condition  
CARE



Emerging  
Condition  
CARE



Enhanced  
Behavioral  
Health CARE



Maternity  
CARE

As part of your CARE services, you may receive online reminders to complete certain health activities, such as refilling a medication, scheduling appointments with your doctor or getting recommended preventive screenings.



## Expanded virtual behavioral health services

NYCE PPO gives you access to care through the UnitedHealthcare behavioral health network, which offers many ways to connect with licensed behavioral and mental health professionals, including virtual services. You can choose to use video-calling technology for real-time visits. This means no travel and less wait time for appointments.

Your plan features a large nationwide network of more than 418,000 behavioral health professionals in all 50 states, including psychiatrists, psychologists, addiction counselors, nurses, licensed therapists and social workers.



To find a behavioral health professional, you can search the directory on your member portal at [nyceppo.com](https://nyceppo.com) or on the **NYCE PPO app**.

## Teladoc Health

You'll continue to have access to care with virtual office visits for primary care and general medical services through Teladoc Health® telemedicine. Teladoc's staff of board-certified doctors are available 24/7, in both English and Spanish, by phone or video chat for non emergency health conditions. For only a \$10 copay per virtual visit, you can get the care you need from the comfort of your home or wherever you happen to be.

## A1chieve for diabetes

If you or a family member have diabetes, it's helpful to know NYCE PPO provides expert support and resources through our nationally recognized A1chieve program. As an accredited diabetes self-management program, we help members with Type 1, Type 2 and gestational diabetes (diabetes during pregnancy) improve and maintain their health. Our staff of registered dietitians and registered nurses are certified diabetes care and education specialists here to provide ongoing support. This program is available at no cost to members with diabetes.

To sign up to work with a nurse or dietitian, call **212-501-4444 (TTY: 711)**.

## Centers of Excellence

As an NYCE PPO member, you have access to care from industry-leading hospitals for orthopedic, cancer, transplant and bariatric care through our Centers of Excellence program. These facilities, including Hospital for Special Surgery, Memorial Sloan Kettering Cancer Center, Optum Transplant and Bariatric Resources, are nationally recognized for their high-quality, patient-focused care and best-in-class research, training and technology standards. Please note: it is not mandatory to get care at a Center of Excellence facility. To find out more about how we can support you and your family, and help make sure you get the best care possible with your benefits, call **212-501-4444 (TTY: 711)**.



## Coverage in Puerto Rico

If you are traveling to or live in Puerto Rico, you have in-network coverage through the MAPFRE network of health care professionals. You can find the MAPFRE logo and contact information on the back of your member ID card, which you must bring to your MAPFRE provider when you visit.

## Here to help



Visit **nyceppo.com** or **scan the QR code** to find more details about NYCE PPO.

If you have any questions, please call us at **212-501-4444 (TTY: 711)**. A dedicated NYCE PPO Customer Service representative will be happy to help.

## Here's a summary of your NYCE PPO benefits:

Please see your NYCE PPO Summary Plan Description (SPD) for full benefits and details.

		In-network		Out-of-network
<ul style="list-style-type: none"> <li>All benefit maximums are per calendar year unless otherwise noted (1/1/26-12/31/26).</li> <li>Multiple copays can apply per visit.</li> <li>All benefits listed apply to medical, behavioral health and substance use.</li> </ul>		<b>Preferred</b> Available in the downstate New York area (EmblemHealth Bridge network). <ul style="list-style-type: none"> <li>Advantage Care Physicians New York (ACPNY)</li> <li>NYC Health + Hospitals (H+H)</li> </ul> Facility only: <ul style="list-style-type: none"> <li>Memorial Sloan Kettering Cancer Center (MSK)</li> <li>Hospital for Special Surgery (HSS)</li> </ul>	<b>Participating</b> Includes EmblemHealth Bridge network (downstate 13 counties), UnitedHealthcare national Choice Plus network and MAPFRE network in Puerto Rico.	<b>Non-contracted providers</b> You pay the difference between the plan allowance and the provider's fee.
		\$0		\$200 individual/\$500 family
<b>Deductible per calendar year</b>		N/A	\$200 per person	\$2,000 per person*
<b>Coinsurance out-of-pocket maximum per calendar year</b>		N/A	N/A	\$1,250 per person*
<b>Copay out-of-pocket maximum per calendar year (out-of-network)</b>		\$7,150 individual/\$14,300 family Once total out-of-pocket maximum is reached, member cost share will be waived for the remaining of the calendar year.		No limit
<b>Total out-of-pocket maximum per calendar year</b> Includes deductibles, copays, coinsurance and pharmacy.				
Immediate care				
<b>Ambulance</b>	<b>Ground</b>	No charge (Non-emergency ground ambulance not covered)		You pay the difference between the plan allowance and the provider's fee. (Non-emergency ground ambulance not covered)
	<b>Air</b>	No charge		
<b>Emergency room</b>	<b>Facility</b>	\$150 copay per visit (Copay waived if admitted within 24 hours)		
	<b>Emergency Physicians only</b>	No charge		
<b>Teladoc Health Virtual office visit</b>		\$10 copay per visit		N/A
<b>Urgent care</b>		H+H: \$25 copay per visit \$50 copay per visit	\$50 copay per visit; \$100 copay per visit for CityMD and ProHealth in the downstate 13 counties only	After deductible is met, you pay the difference between the plan allowance and the provider's fee.
Medical office services (Multiple copays can apply per visit)				
<b>Primary care provider (PCP) Office visit</b>		No charge	\$15 copay per visit	After deductible is met, you pay the difference between the plan allowance and the provider's fee.
<b>Specialist office visit</b>		No charge	\$30 copay per visit	
<b>Walk in retail health clinic (Convenience care)</b>		No charge	\$15 copay per visit	
<b>Labs (including allergy testing) Medical office and independent lab</b>		No charge	\$20 copay per visit	
<b>X-ray Medical office and freestanding radiology center</b>		No charge	\$20 copay per visit	
<b>Advanced imaging Medical office and freestanding radiology center</b>		H+H: \$25 copay per visit \$50 copay per visit	\$100 copay per visit	
<b>Surgery Medical office</b>		No charge	No charge	
<b>Allergy injections Medical office</b>		No charge	PCP: \$15 copay per visit Specialist: \$30 copay per visit	

\*Please see NYCE PPO SPD for full benefits, details and prior authorizations, or call **212-501-4444** (TTY: **711**) from 8 a.m. to 6 p.m., Eastern Standard Time, Monday through Friday. Not all benefits apply to copay and coinsurance maximums.

		In-network		Out-of-network
		Preferred	Participating	Non-contracted providers
Inpatient services				
<b>Hospital facility fee</b> (e.g., hospital room and all inpatient services)		No charge	\$300 copay per admission up to \$750 per calendar year combined with skilled nursing care.	\$500 copay per admission up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year. You pay the difference between the plan allowance and the provider's fee.
<b>Physician/surgeon fees</b>		No charge	No charge	After plan deductible is met, you pay the difference between the plan allowance and the provider's fee.  You must call <b>212-501-4444</b> (TTY: <b>711</b> ) for prior authorization. If you don't get prior authorization, benefits could be reduced by \$250 per day up to a \$500 maximum of the total cost of the service for out-of-network only.
<b>Skilled nursing care</b>		No charge	\$300 copay per admission not to exceed \$750 per calendar year combined with inpatient hospital	\$500 copay per admission up to \$1,250 per calendar year; 20% coinsurance up to \$2,000 per calendar year. You pay the difference between the plan allowance and the provider's fee.
Outpatient services (Multiple copays can apply per visit)				
<b>Labs</b> Outpatient hospital	<b>Facility</b>	No charge	\$20 copay per visit	After deductible is met, you pay the difference between the plan allowance and the provider's fee.
<b>X-ray</b> Outpatient hospital	<b>Facility</b>	No charge	\$20 copay per visit	
<b>Advanced imaging</b> Outpatient hospital	<b>Facility</b>	\$25 copay per visit (H+H) \$50 copay per visit (also includes Radnet and Zwanger in downstate NY)	\$100 copay per visit	
<b>Surgery</b> Outpatient hospital or ambulatory surgical center	<b>Facility</b>	No charge	20% coinsurance — not to exceed the combined coinsurance out-of-pocket maximum of \$200 in a calendar year.	\$500 copay per visit — not to exceed the combined copay out-of-pocket maximum of \$1,250 in calendar year. 20% coinsurance — not to exceed the combined coinsurance out-of-pocket maximum of \$2,000 in calendar year. You pay the difference between the plan allowance and provider's fee.
	<b>Physician</b>	No charge	No charge	After deductible is met, you pay the difference between the plan allowance and the provider's fee.

\*Please see NYCE PPO SPD for full benefits, details and prior authorizations, or call **212-501-4444** (TTY: **711**) from 8 a.m. to 6 p.m., Eastern Standard Time, Monday through Friday. Not all benefits apply to copay and coinsurance maximums.

## NYCE PPO benefits summary continued:

	In-network		Out-of-network
	Preferred	Participating	Non-contracted providers
<b>Home care services</b>			
<b>Home health care</b>	No charge	No charge	\$50 copay per episode 20% coinsurance — You pay the difference between the plan allowance and the provider's fee. Copay and coinsurance limits do not apply.
<b>Private duty nursing</b>	No charge	No charge	\$250 separate deductible per calendar year/20% coinsurance. After separate deductible is met, you pay the difference between the plan allowance and the provider's fee. Coinsurance limits do not apply.
<b>Hospice</b> Home and inpatient	No charge	No charge	After deductible is met, you pay the difference between the plan allowance and the provider's fee.
<b>Equipment and supplies</b>			
<b>Durable medical equipment (DME)</b> DME combined with prosthetics	\$100 separate deductible per calendar year		\$100 separate deductible per calendar year. After separate deductible is met, you pay the difference between the plan allowance and the provider's fee.
<b>Diabetic equipment and supplies</b>	No charge	No charge	After deductible is met, you pay the difference between the plan allowance and the provider's fee.
<b>Preventive care</b>			
<b>Preventive care</b>	No charge	No charge	After deductible is met, you pay the difference between the plan allowance and the provider's fee.
<b>Physical, occupational and speech therapies and chiropractic manipulation</b>			
<b>Physical, occupational and speech therapies</b>	No charge	\$20 copay per visit	After deductible is met, you pay the difference between the plan allowance and the provider's fee.
<b>Manipulations (Chiropractic)</b>	No charge	\$15 copay per visit	

### Additional benefits and comments

- Infertility covered, 3 cycles per lifetime of in vitro fertilization maximum.
- Services in a country outside of the United States are covered at the out-of-network level of benefits.
- Pain management is excluded for out-of-network office and outpatient settings.
- Optum Transplant Resources Centers of Excellence are available at in-network participating benefits.
- Optum Bariatric Resources Services are available at in-network participating benefits.

\*Please see NYCE PPO SPD for full benefits, details and prior authorizations, or call **212-501-4444** (TTY: 711) from 8 a.m. to 6 p.m., Eastern Standard Time, Monday through Friday. Not all benefits apply to copay and coinsurance maximums.

# Here's a summary of your prescription drug benefits provided by NYCE PPO

Base benefit drug coverage and optional rider managed by Prime Therapeutics

	Retail	Home delivery
<b>Base benefit — Affordable Care Act (ACA) mandated and diabetic</b>	<p>90-day retail supply can be obtained at Walgreens/Duane Reade.</p> <p>Insulin: \$0</p> <p>Diabetic supply only: Generic \$5, brand \$15</p> <p>Opioid withdrawal medication:</p> <p>Tier 1 - 20% coinsurance with \$5 minimum charge.</p> <p>Tier 2 - 40% coinsurance with \$25 minimum charge.</p> <p>Tier 3 - 50% coinsurance with \$40 minimum charge.</p> <p>ACA prescription drugs covered at \$0</p>	<p>90-day mail supply can be obtained through Amazon Pharmacy.</p> <p>Home delivery: 90-day supply</p> <p>Diabetic supply only: Generic \$12.50, brand \$37.50</p> <p>Opioid withdrawal medication:</p> <p>Tier 1 - 20% coinsurance with \$5 minimum charge.</p> <p>Tier 2 - 40% coinsurance with \$25 minimum charge.</p> <p>Tier 3 - 50% coinsurance with \$40 minimum charge.</p> <p>ACA prescription drugs covered at \$0</p>
<b>Optional drug rider generic drugs (Tier 1)</b>	<p>90-day retail supply can be obtained at Walgreens/Duane Reade.</p> <p>30-day supply — 2 refills</p> <p>20% coinsurance with minimum charge of \$5 or actual cost, if less.</p>	<p>90-day mail supply can be obtained through Amazon Pharmacy.</p> <p>Home delivery: 90-day supply — \$12.50 copay</p> <p>Prescriptions will not be filled at retail after 2 refills.</p>
<b>Optional drug rider preferred brand drugs (Tier 2)*</b>	<p>90-day retail supply can be obtained at Walgreens/Duane Reade.</p> <p>30-day supply — 2 refills</p> <p>40% coinsurance with minimum charge of \$25 or actual cost, if less.</p>	<p>90-day mail supply can be obtained through Amazon Pharmacy.</p> <p>Home delivery: 90-day supply — \$50 copay</p> <p>Prescriptions will not be filled at retail after 2 refills.</p>
<b>Optional drug rider non-preferred brand drugs (Tier 3)*</b>	<p>90-day retail supply can be obtained at Walgreens/Duane Reade.</p> <p>30-day supply — 2 refills</p> <p>50% coinsurance with minimum charge of \$40 or actual cost, if less.</p>	<p>90-day mail supply can be obtained through Amazon Pharmacy.</p> <p>Home delivery: 90-day supply — \$75 copay</p> <p>Prescriptions will not be filled at retail after 2 refills.</p>
<b>Specialty drugs*</b> Must be dispensed by a specialty pharmacy	Covered (cost based on above categories).	You must call Prime Therapeutics (Rx) <b>833-998-5430</b> (TTY: <b>711</b> ) for prior authorization.

Cost share will only apply to the total out-of-pocket maximum.

\*Prior authorization is required for certain brand name medications. For specialty drugs only: Must be dispensed by a specialty pharmacy. For the "PICA Program" specialty drugs, please refer to the Summary Plan Description (SPD).

\*Please see NYCE PPO SPD for full benefits, details and prior authorizations, or call **212-501-4444** (TTY: **711**) from 8 a.m. to 6 p.m., Eastern Standard Time, Monday through Friday.

# Notice of Non-discrimination policy

## Discrimination is Against the Law

NYC Employees PPO Plan complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

### NYC Employees PPO Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters.
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Customer Service at **212-501-4444** (TTY: **711**).

If you believe that NYC Employees PPO Plan has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the NYC Employees PPO Plan Grievance and Appeals Department, P.O. Box 2844, New York, NY 10116-2844; faxing them at 212-510-5320; or calling Customer Service at **212-501-4444**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, NYC Employees PPO Plan'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 for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://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; 800-368-1019 (TTY: 800-537-7697)**.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available on NYC Employees PPO Plan's website at [nyceppo.com](http://nyceppo.com)

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English ATTENTION:** If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **212-501-4444** (TTY: **711**) or speak to your provider.

**POLSKI (Polish) UWAGA:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **212-501-4444** (TTY: **711**) lub porozmawiaj ze swoim dostawcą

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **212-501-4444** (TTY: **711**) o hable con su proveedor.

**Italiano (Italian) ATTENZIONE:** se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il **212-501-4444** (tty: **711**) o parla con il tuo fornitore.

اللغة العربية (Arabic) ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. تتوفر أيضًا وسائل المساعدة والخدمات المساعدة المناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجانًا دون أي تكلفة. اتصل على **212-501-4444** (TTY: 711) أو تحدث مع موفر الرعاية الخاص بك.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **212-501-4444** (文本电话：711) 或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **212-501-4444** (TTY: 711) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan **212-501-4444** (TTY: 711) oswa pale avèk founisè w la.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **212-501-4444** (TTY: 711) ή απευθυνθείτε στον πάροχο σας.

יידיש (Yiddish) אויפֿמערקזאַמקייט: אויב איר רעדט ייִדיש, פרייע שפראך הילף באַדינונגען זענען בנימצא פֿאַר אײַך. פֿאַסיק הילף־מיטלען און באַדינונגען צו צושטעלן אינפֿאָרמאַציע אין צוגענגלעכע פֿאַרמאַטן זענען אויך פֿאַראַן אָן קײן אָפּצאַל. רוף **212-501-4444** (TTY: 711) אדער רעדט מיט אייער פֿראַוויידער.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **212-501-4444** (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাগুলি উপলব্ধ। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক উপকরণ এবং পরিষেবাগুলিও বিনামূল্যে উপলব্ধ। **212-501-4444** (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সঙ্গে কথা বলুন।

Français (French) ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **212-501-4444** (TTY: 711) ou parlez à votre fournisseur.

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **212-501-4444** (TTY: 711) o makipag-usap sa iyong provider.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **212-501-4444** (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

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