

BlueCross BlueShield of Western New York



Enrollment

Information

**East Aurora Union Free  
School District  
Traditional Blue POS 204  
& POS 205/205 Plus**



# About Your Enrollment Kit

## How to use this book

We've divided this book into the sections listed below to help you find the information you need to make an informed decision about the health plan that's best for you.



### Coverage Highlights

A quick glance at the health plan your employer is offering.



### Benefits Summary

Lists medical benefits offered by your employer including copays.



### Prescription Drug Benefits

A quick guide to help you understand and manage prescription drug costs.



### Vision Benefits

A summary of the vision benefits available to you.



### How to Maximize Your Benefits

Important information to help you understand how to get the most from your health care coverage.



### Frequently Asked Questions

Answers to commonly-asked questions about health care coverage, minimizing out-of-pocket costs, prescription drugs, wellness programs and more.



### Rights and Responsibilities

Information about your rights and responsibilities as a health plan member, including confidentiality and privacy.



### How to Contact Us

Lists phone numbers and web site addresses where you can find more information.



## Independently Recognized Quality & Service

Our efforts to provide you with the highest level of quality care have earned us national recognition from The National Committee for Quality Assurance (NCQA). In addition the Customer Operations Performance Center, Inc. (COPC) the most rigorous independent certification for service company call centers, has given its certification to Traditional Blue POS.

# Coverage Highlights

Traditional Blue Point of Service (POS) is ideal for individuals who want a combination of HMO and traditional indemnity plans. It has quality assurance, lower cost and coordinated care, combined with the freedom of choice to see any doctor without a referral.

## With Traditional Blue POS you'll enjoy:

- **\$0 copay** for PCP pediatric primary care visits
- **\$0 copay** for inpatient maternity stay
- **\$0 copay** for generic formulary oral contraceptives
- The freedom to **see any medical provider** out of the network
- **Worldwide coverage** for emergency and urgent care through the BlueCard program, a network of BlueCross BlueShield providers across the country and around the world
- **Guest membership** which allows you to join a participating Blue HMO and enjoy benefits similar to those you receive at home, when you're traveling or away at school
- **Low copayments** for primary care and specialty care visits
- Innovative wellness and health **management programs**
- **Vision benefits** including eye exams for each family member and discounts on eyeglass frames, lenses and accessories
- **No referrals**
- **\$250 Lifestyle benefit allowance**, per family, per plan year, which may be applied toward a fitness club membership, acupuncture and/or massage therapy at a participating provider.

Traditional Blue POS offers you out-of-network coverage that gives you the flexibility of seeing any doctor - regardless of whether or not he or she participates in the Traditional Blue POS network.



# Benefit Summary

East Aurora Union Free School District

<b>Traditional Blue POS 204</b>	<b>In-Network Your Copay \$15</b>	<b>Out-of-Network Coinsurance</b>
<b>Doctor Visits</b>		
PCP Office Visits	\$15	20%
PCP Office Visits for Dependents Under Age 19	Covered in Full	20%
Specialist Visits	\$15	20%
Routine Physicals	\$15	Not Covered
Well Child Visits & Immunizations (up to age 19)	Covered in Full	20%
Allergy Immunotherapy	\$15	20%
<b>Diagnostic Testing</b>		
Diagnostic X-rays	\$15	20%
Laboratory Testing	Covered in Full	20%
MRI	\$15	20%
<b>Women's Services</b>		
Gynecological Office Visits	\$15	20%
Routine Mammograms	Covered in Full	20%
Maternity Care (prenatal & post-natal care)	Covered in Full (after PCP copay for initial visit)	20%
Inpatient Maternity Stay	Covered in Full	20%
Pap Smears	Covered in Full	20%
<b>Management and Treatment</b>		
Alcohol & Substance Abuse (outpatient) 60 visits per member per year	\$15	20%
Cardiac Rehabilitation (24 visits per year)	\$15	20%
Chemotherapy, Radiation, Hemodialysis	\$15	20%
Chiropractic Care	\$15	20%
Diabetic Equipment & Supplies (glucagon, insulin and blood sugar pills RX copay, if less)	\$15	20%
Durable Medical Equipment (\$1,000 per member per year)	50%	50%
Mental Health (outpatient) visits are per member per year	\$15 for visits 1-20	20%
Occupational, Speech & Physical Therapy (20 aggregate visits)	\$15	20%
Prosthetic & Orthotic Appliances	20%	Not Covered
Post Mastectomy Prosthetics	Covered in Full	20%

# Benefit Summary

East Aurora Union Free School District

<b>Traditional Blue POS 204</b>	<b>In-Network Your Copay \$15</b>	<b>Out-of-Network Coinsurance</b>
<b>Hospital, Facility and Home Services</b>		
Alcohol & Substance Abuse (inpatient) 30 days detox, rehab not covered	\$250/\$500	20%
Emergency		
Ambulance (medically necessary)	\$50	\$50
Emergency Room (copay waived if admitted to hospital)	\$50	\$50
Home Care (In-network unlimited, Out-of-network 365 visits)	\$15	20%
Hospice (210 days)	Covered in Full	20%
Hospital Stay (semi-private room)	\$250/\$500	20%
Mental Health (inpatient hospital or facility stay) 30 days per member per year	\$250/\$500	20%
Skilled Nursing Facility (non-custodial) 50 days per member per year	\$250/\$500	20%
Surgery (outpatient facility)	\$75	20%
Urgent Care	\$15	20%
<b>Dependent Coverage</b>		
Dependent/Student Age to	25/25	25/25
<b>Extras</b>		
Vision Exam - Please refer to the vision benefits page of this book for additional information	\$15	Not Covered
<b>Out-of-Network</b>		
Annual Deductible - per contract, aggregate In & Out-of-Network	None	\$1000 Individual/\$2000 Family Aggregate
Coinsurance	N/A	20%
Annual Out-of-Pocket Maximum per member	N/A	\$2,500 Individual/\$5,000 Other Than Individual
Annual Maximum Benefit	N/A	None
Lifetime Maximum Benefit	N/A	None

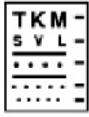
This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations, and exclusions that may apply. A complete contract or group plan will be issued upon enrollment. Please check the contract or group plan for final information on your benefits and exclusions.

Both In-Network and Out-of-Network providers are reimbursed at Fee Schedule for eligible Hospital and Medical services. For Out-of-Network services, in addition to any applicable deductible and coinsurance, the patient is responsible for any amounts that exceed the Fee Schedule allowance. In-Network and Out-of-Network day limits and visits are aggregate. Out-of-Network benefits are not in addition to the benefits provided In-Network.

All indicated benefits assume the member has appropriate authorization. No Referrals are required on this contract. Maximum benefits are obtained when rendered by an In-Network provider. Some services may require pre-authorization from BlueCross BlueShield. Routine physical examinations and routine eye examinations are not covered when services are rendered by an Out-of-Network provider.

**Timothy's Law**

Inpatient and Outpatient Mental Health - Based on medical necessity coverage may be extended beyond visit limits for biologically based mental illness.



# VisionPlus Basic Benefits

Members are entitled to a complete eye care program that includes eye exams from participating VisionPlus providers. To locate a participating provider visit our web site at [www.bcbswny.com](http://www.bcbswny.com) or call Customer Service at 1-877-576-6440 or 1-716-887-8840.




	In Network Member Cost*	Out of Network Member Cost
<b>Eye Exam (includes dilated fundus evaluation)</b>		
	Copay applies	Not Covered
<b>Frames</b>		
	40% off retail price	Not Covered
<b>Standard Plastic Lenses</b>		
Single Vision	\$50	Not Covered
Bifocal	\$70	Not Covered
Trifocal	\$105	Not Covered
Lenticular	20% off retail price	Not Covered
<b>Lens Options</b>		
UV Coating	\$15	Not Covered
Tint (Solid and Gradient)	\$15	Not Covered
Standard Scratch-Resistance	\$15	Not Covered
Standard Polycarbonate	\$40	Not Covered
Standard Progressive (Add-on to bifocal)	\$65	Not Covered
Standard Anti-Reflective Coating	\$45	Not Covered
Photochromic	20% off retail price	Not Covered
Transition Lenses	20% off retail price	Not Covered
<b>Other Add-Ons and Services (Non prescription sunglasses, Accessories, Contact Lens Solution, etc)</b>		
	20% off retail price	Not Covered
<b>Contact Lens Materials (Discount applied to materials only)</b>		
Disposable	0% off retail price	Not Covered
Conventional	15% off retail price	Not Covered
<b>Laser Vision Correction***</b>		
Lasik or PRK	15% off retail price or 5% off promotional price	Not Covered
<b>Frequency</b>		
Examination	Annual for children under age 14 with diagnosed refractive error, biennial otherwise	Not Covered
Frames	Unlimited	Not Covered
Lenses	Unlimited	Not Covered
Contact Lenses	Unlimited	Not Covered

\*Complete pair of glasses (frame, lenses, lens options) must be purchased in the same transaction to receive full discount; items purchased separately will be discounted 20% off retail price. Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to VisionPlus provider's professional services, or contact lenses. Retail prices may vary by location.

\*\*\*Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

# Prescription Drugs for POS 204



Prescription Drug	 <b>Formulary Generic Drug</b> <small>Best Value</small>	 <b>Formulary Brand Name Drug</b> <small>More Choice More Cost</small>	 <b>Non-Formulary Generic &amp; Brand Name Drug</b> <small>Most Choice Most Expensive</small>	Limits and Requirements
Pharmacy Costs	\$10  \$0 copay for generic formulary oral contraceptives	\$20	\$40	Up to a 30 calendar day supply of drugs is provided on each occasion the prescription is filled or refilled.
Mail Order Costs	\$0 copay for generic formulary oral contraceptives			2.5 copays per 90 day supply  Up to a 90 calendar day supply of drugs is provided on each occasion the prescription is filled or refilled by the mail order pharmacy.

## How can I reduce my prescription costs?

Your pharmacy benefit offers you the flexibility of choosing generic or brand name drugs. You can significantly reduce your prescription drug expenses by asking your physician to prescribe generic drugs instead of brand name drugs, when available. Generic drugs are safe, effective medication that cost less than equivalent brand name drugs.



Best Value

If you and your doctor agree that a generic drug on the formulary is the best for you, you will pay your first-tier copay. Generics provide you with the best value and lowest out-of-pocket cost.



More Choice More Cost

If you receive a prescription for a brand name drug on the formulary you will pay your second-tier copay.

- Lower your cost: Talk to your physician to see if a generic medication is available for the prescribed brand name drug.



Most Choice Most Expensive

Non-formulary drugs require you to pay the third-tier copay, your highest out-of-pocket cost.

- Lower your cost: Talk to your physician to see if a formulary brand name or generic medication is available.



# Benefit Summary

East Aurora Union Free School District

## Traditional Blue POS 205 Plus

	POS 205 Your Copay \$20	POS 205 Plus Your Copay \$10/\$30 or \$20/\$20	Out-of-Network Coinsurance
<b>Doctor Visits</b>			
PCP Office Visits	\$20	\$10 or \$20	20%
PCP Office Visits for Dependents Under Age 19	Covered in Full	Covered in Full	20%
Specialist Visits	\$20	\$30 or \$20	20%
Routine Physicals	\$20	\$10 or \$20	Not Covered
Well Child Visits & Immunizations (up to age 19)	Covered in Full	Covered in Full	20%
Allergy Immunotherapy	\$20	\$30 or \$20	20%
<b>Diagnostic Testing</b>			
Diagnostic X-rays	\$20	\$30 or \$20	20%
Laboratory Testing	Covered in Full	Covered in Full	20%
MRI	\$20	\$30 or \$20	20%
<b>Women's Services</b>			
Gynecological Office Visits	\$20	\$10 or \$20	20%
Routine Mammograms	Covered in Full	Covered in Full	20%
Maternity Care (prenatal & post-natal care)	Covered in Full (after PCP copay for initial visit)	Covered in Full (after PCP copay for initial visit)	20%
Inpatient Maternity Stay	Covered in Full	Covered in Full	20%
Pap Smears	Covered in Full	Covered in Full	20%
<b>Management and Treatment</b>			
Alcohol & Substance Abuse (outpatient) 60 visits per member per year	\$20	\$20	20%
Cardiac Rehabilitation (24 visits per year)	\$20	\$30 or \$20	20%
Chemotherapy, Radiation, Hemodialysis	\$20	\$30 or \$20	20%
Chiropractic Care	\$20	\$20	20%
Diabetic Equipment & Supplies (glucagon, insulin and blood sugar pills RX copay, if less)	\$20	\$10 or \$20	20%
Durable Medical Equipment (\$1,000 per member per year)	50%	50%	50%
Mental Health (outpatient) visits are per member per year	\$20 for visits 1-20	\$30 or \$20 for visits 1-20	20%
Occupational, Speech & Physical Therapy (20 aggregate visits)	\$20	\$30 or \$20	20%
Prosthetic & Orthotic Appliances	20%	20%	20%
Post Mastectomy Prosthetics	Covered in Full	Covered in Full	20%

# Benefit Summary

East Aurora Union Free School District

## Traditional Blue POS 205 Plus

	POS 205 Your Copay \$20	POS 205 Plus Your Copay \$10/\$30 or \$20/\$20	Out-of-Network Coinsurance
<b>Hospital, Facility and Home Services</b>			
Alcohol & Substance Abuse (inpatient) 30 days detox, rehab not covered	\$500/\$1000	\$500/\$1000	20%
Emergency			
Ambulance (medically necessary)	\$50	\$50	\$50
Emergency Room (copay waived if admitted to hospital)	\$50	\$50	\$50
Home Care (In-network unlimited, Out-of-network 365)	\$20	\$30 or \$20	20%
Hospice (210 days)	Covered in Full	Covered in Full	20%
Hospital Stay (semi-private room)	\$500/\$1000	\$500/\$1000	20%
Mental Health (inpatient hospital or facility stay) 30 days per member per year	\$500/\$1000	\$500/\$1000	20%
Skilled Nursing Facility (non-custodial) 50 days per member per year	\$500/\$1000	\$500/\$1000	20%
Surgery (outpatient facility)	\$75	\$75	20%
Urgent Care	\$20	\$10 or \$20	20%
<b>Dependent Coverage</b>			
Dependent/Student Age to	25/25	25/25	25/25
<b>Extras</b>			
Vision Exam - Please refer to the vision benefits page of this book for additional information	\$20	\$20	Not Covered
Lasik Eye Surgery	50% Up to \$400 each eye	50% Up to \$400 each eye	Not Covered
<b>Out-of-Network</b>			
Annual Deductible - per contract, aggregate In & Out-of-Network	\$1000 Individual/\$2000 Family Aggregate	\$1000 Individual/\$2000 Family Aggregate	\$1000 Individual/\$2000 Family Aggregate
Coinsurance	20%	20%	20%
Annual Out-of-Pocket Maximum Per Member	\$2,500 Individual/\$5,000 Other Than Individual	\$2,500 Individual/\$5,000 Other Than Individual	\$2,500 Individual/\$5,000 Other Than Individual
Annual Maximum Benefit	None	None	None
Lifetime Maximum Benefit	None	None	None

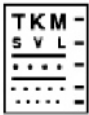
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### Timothy's Law

Inpatient and Outpatient Mental Health - Based on medical necessity coverage may be extended beyond visit limits for biologically based mental illness.



# VisionPlus Basic and VisionPlus Enhanced Benefits

Members are entitled to a complete eye care program that includes eye exams from participating VisionPlus providers. To locate a participating provider visit our web site at [www.bcbswny.com](http://www.bcbswny.com) or call Customer Service at 1-877-576-6440 or 1-716-887-8840.




	In Network VisionPlus Basic*	In Network VisionPlus Enhanced*	Out of Network (Both Plans)
	Non-Plus Option	Plus Option	Non-Plus and Plus Options
<b>Eye Exam (includes dilated fundus evaluation)</b>			
	Copay applies	Copay applies	Not Covered
<b>Frames</b>			
	40% off retail price	40% off retail price	Not Covered
<b>Standard Plastic Lenses</b>			
Single Vision	\$50	First purchase covered in full, additional purchases \$50 copay	Not Covered
Bifocal	\$70	First purchase covered in full, additional purchases \$70 copay	Not Covered
Trifocal	\$105	First purchase covered in full, additional purchases \$105 copay	Not Covered
Lenticular	20% off retail price	First purchase covered in full, additional purchases 20% off retail price	Not Covered
<b>Lens Options</b>			
UV Coating	\$15	\$15	Not Covered
Tint (Solid and Gradient)	\$15	\$15	Not Covered
Standard Scratch-Resistance	\$15	\$15	Not Covered
Standard Polycarbonate	\$40	\$40	Not Covered
Standard Progressive (Add-on to bifocal)	\$65	\$65	Not Covered
Standard Anti-Reflective Coating	\$45	\$45	Not Covered
Photochromic	20% off retail price	20% off retail price	Not Covered
Transition Lenses	20% off retail price	20% off retail price	Not Covered
<b>Other Add-Ons and Services (Non prescription sunglasses, Accessories, Contact Lens Solution, etc)</b>			
	20% off retail price	20% off retail price	Not Covered
<b>Contact Lens Materials (Discount applied to materials only)</b>			
Disposable	0% off retail price	\$40 allowance towards first purchase, additional purchases 0% off retail price	Not Covered
Conventional	15% off retail price	\$40 allowance towards first purchase, additional purchases 15% off retail price	Not Covered
<b>Laser Vision Correction***</b>			
Lasik or PRK	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price	Not Covered
<b>Frequency</b>			
Examination	Annual for children under age 14 with diagnosed refractive error, biennial otherwise	Annual	Not Covered
Frames	Unlimited	Unlimited	Not Covered
Lenses	Unlimited	Covered in full annually, discount unlimited	Not Covered
Contact Lenses	Unlimited	\$40 allowance annually, discount unlimited	Not Covered

\*Complete pair of glasses (frame, lenses, lens options) must be purchased in the same transaction to receive full discount; items purchased separately will be discounted 20% off retail price. Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to VisionPlus provider's professional services, or contact lenses. Retail prices may vary by location.

\*\*\*Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

# Prescription Drugs for POS 205



Prescription Drug	 <b>Formulary Generic Drug</b> <small>Best Value</small>	 <b>Formulary Brand Name Drug</b> <small>More Choice More Cost</small>	 <b>Non-Formulary Generic &amp; Brand Name Drug</b> <small>Most Choice Most Expensive</small>	Limits and Requirements
Pharmacy Costs	\$7  \$0 copay for generic formulary oral contraceptives	\$25	\$40	Up to a 30 calendar day supply of drugs is provided on each occasion the prescription is filled or refilled.
Mail Order Costs	\$7  \$0 copay for generic formulary oral contraceptives	\$25	\$40	2.5 copays per 90 day supply  Up to a 90 calendar day supply of drugs is provided on each occasion the prescription is filled or refilled by the mail order pharmacy.

## How can I reduce my prescription costs?

Your pharmacy benefit offers you the flexibility of choosing generic or brand name drugs. You can significantly reduce your prescription drug expenses by asking your physician to prescribe generic drugs instead of brand name drugs, when available. Generic drugs are safe, effective medication that cost less than equivalent brand name drugs.



Best Value

If you and your doctor agree that a generic drug on the formulary is the best for you, you will pay your first-tier copay. Generics provide you with the best value and lowest out-of-pocket cost.



More Choice More Cost

If you receive a prescription for a brand name drug on the formulary you will pay your second-tier copay.

- Lower your cost: Talk to your physician to see if a generic medication is available for the prescribed brand name drug.



Most Choice Most Expensive

Non-formulary drugs require you to pay the third-tier copay, your highest out-of-pocket cost.

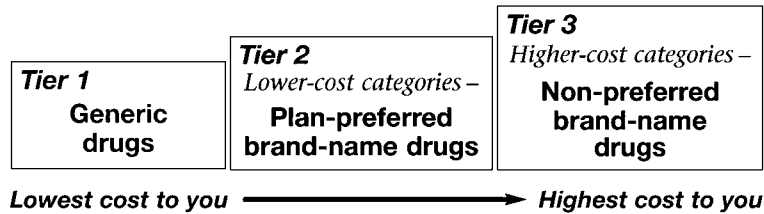
- Lower your cost: Talk to your physician to see if a formulary brand name or generic medication is available.

The BlueCross BlueShield of Western New York Medication Guide is a list of drugs to help guide physicians and pharmacists to select the medication that provides the appropriate treatment for the best price.

## Save Money on Your Prescription Drugs

Here's what you can do to save money:

1. **Bring** this member guide to your doctor and review the cost-saving information below.
2. **Ask** your doctor whether a generic or plan-preferred brand-name drug listed in this guide is right for you.\*



The amount you pay for a drug is determined by which medication you purchase and where it appears on the guide. Your specific drug plan may cover medications on all three tiers of the guide, or you may have coverage for medications on Tier 1 and Tier 2 only. Some drug plans also exclude certain drugs or classes of drugs from coverage. Please check your contract or other plan documents if you have a question about your specific drug coverage.

## Finding Medications on the Guide

This guide lists medications two different ways:

Section 1: Alphabetically by Drug Category (such as Diabetes, Heart or Pain/Arthritis)

Locate a category and drug on the guide and you will see the tier and copayment for that drug—Tier 1, Tier 2 or Tier 3—which determines your copayment. Most generic medications are Tier 1; preferred brand-name medications are Tier 2; nonpreferred generic and brand-name drugs are Tier 3. To determine if a drug is a generic or brand-name medication, look at the name of the drug. Generic medications are lower case (e.g., amoxicillin), and brand-name medications are capitalized (e.g., Zithromax).

**Questions?** Please call Medco Member Services at 1-800-939-3751 if you have any questions about the BlueCross BlueShield of Western New York Medication Guide. For the most up-to-date version of the Guide, visit the Medco Pharmacy section of our web site at [www.bcbswny.com](http://www.bcbswny.com).

\* Some plan designs require that you use a Tier 1 generic drug if a generic is available.

Disclaimer: The BlueCross BlueShield of Western New York Medication Guide is subject to change, as we regularly review medications and existing therapies for inclusion in the BlueCross BlueShield of Western New York Medication Guide. The tier that a medication is currently in may change during the effective dates of the guides due to generic availability.

Effective 1/1/08







## SECTION I — THERAPEUTIC DRUG CATEGORIES (CONT'D)

TIER	TIER	TIER	TIER
■ Zyprexa	2	Zavesca	2
■ Zyprexa Zydys	2	Florinef	3
Fazaclo	3	+▽↓ Humatrope	3
Loxitane	3	+▽↓ Saizen	3
Navane	3	+▽↓ Zorbitive	3
Prolixin	3	<b>Sialogogues</b>	
■ Risperdal lingual	3	pilocarpine	1
<b>Anxiolytics, Sedatives, and Hypnotics</b>		Evoxac	2
alprazolam/ER	1	Salagen	3
buspirone	1	<b>Multiple Sclerosis Agents</b>	
chloral hydrate	1	+↓ Avonex	2
chloridiazepoxide	1	+↓ Betaseron	2
clorazepate	1	+↓ Copaxone	2
diazepam	1	+↓ Rebif	2
estazolam	1	<b>Muscle Relaxants</b>	
flurazepam	1	baclofen	1
lorazepam	1	carisoprodol	1
meprobamate	1	carisoprodol/ASA	1
oxazepam	1	cyclobenzaprine	1
temazepam	1	diazepam	1
triazolam	1	methocarbamol	1
zolpidem	1	methocarbamol/ASA	1
■ Somnote	2	orphenadrine	1
■ Ambien	3	tizanidine	1
■ Ambien CR	3	chlorthalozone	3
Ativan	3	Dantrium	3
Buspar	3	Flexeril	3
Dalmane	3	Parafon Forte	3
Halcion	3	Robaxin	3
Librium	3	Skelaxin	3
Lunesta	3	Soma/Compound	3
Miltown	3	Valium	3
Restoril	3	Zanaflex	3
Rozerem	3	<b>Osteoporosis</b>	
Serax	3	■ fortical NS	1
Sonata	3	■ Actonel	2
Tranxene SD/T	3	■ Evista	2
Valium	3	+↓ Forteo	2
Xanax/XR	3	■ Fosamax	2
<b>Cerebral Stimulants</b>		■ Fosamax D	2
dextroamphetamine tabs	1	■ Miacalcin NS	2
generic Adderall	1	■ Boniva	3
generic Dexedrine spansules	1	<b>Pain/Arthritis</b>	
metadate ER	1	<b>Analgesics, Narcotic</b>	
methylphenidate/SR	1	acetaminophen w/codeine	1
pemoline	1	aspirin w/codeine	1
Adderall XR	2	belladonna & opium supp	1
Concerta	2	butalbital/APAP/codeine	1
Metadate CD	2	butalbital/aspirin/codeine	1
+↓ Provigil	2	+■ butorphanol NS	1
Ritalin LA	2	endocet	1
Strattera	2	fentanyl patch (25,50,75,100 mg)	1
Adderall	3	hydrocodone/APAP	1
Dexedrine tab/spansules	3	hydromorphone	1
Focalin/XR	3	meperidine	1
Ritalin/SR	3	meperidine/promethazine	1
<b>Muscle Stimulants</b>		methadone	1
pyridostigmine bromide	1	morphine SR	1
Mestison	3	morphine tab, soln, supp	1
<b>Miscellaneous</b>		MSIR tabs, sol	1
<b>Antidiuretic Agents</b>		oxycodone (10, 20, 40, 80mg)	1
desmopressin solution	1	oxycodone SA	1
desmopressin tabs	1	oxycodone/acetaminophen	1
DDAVP nasal spray	2	oxycodone/aspirin	1
Stimate	2	pentazocine/naloxone	1
DDAVP sol, tab	3	propoxyphene HCL	1
<b>Other CNS</b>		propoxyphene HCL/APAP	1
naltrexone	1	propoxyphene HCL/ASA/caffeine	1
Antabuse	2	propoxyphene napsylate/APAP	1
Rilutek	2	Darvon-N	2
Suboxone	2	Kadian	2
Subutex	2	Oxycontin	2
Campral	3	Roxicet	2
<b>Other Endocrine</b>		Subutex	2
danazol	1	Avinza	3
fludrocortisone	1	B&O supprettes	3
Cortrosyn	2		
+↓ Norditropin	2		
+↓ Nutropin/AQ	2		
Sensipar	2		
Synarel	2		
		Codeine	3
		Combunox	3
		Darvocet-N	3
		Darvon Comp-65	3
		Darvon/Darvon-65	3
		Demerol	3
		Dilaudid	3
		Duragesic patch	3
		Fioricet/codeine	3
		Fiorinal/codeine	3
		hydrocodone/ibuprofen	3
		Lortab	3
		MS Contin	3
		Palladone	3
		Percocet	3
		Percodan	3
		Talwin NX	3
		Tylenol/codeine	3
		Vicodin/ES	3
		Vicoprofen	3
		Vopac	3
		<b>Analgesics, Salicylates</b>	
		aspirin SR	1
		choline mag. trisalicylate	1
		diflunisal	1
		salsalate	1
		Dolobid	3
		Easprin	3
		<b>Anti-Rheumatic</b>	
		hydroxychloroquine	1
		leflunomide	1
		methotrexate	1
		Cuprimine	2
		+↓ Enbrel	2
		+↓ Humira	2
		+↓ Kineret	2
		Ridaura	2
		Arava	3
		Depen	3
		Plaquenil	3
		<b>Cox-2s</b>	
		&■ Celebrex	2
		<b>Migraine (Analgesics, Non-narcotic)</b>	
		bellamine	1
		bellamine-S	1
		Bellaspas	1
		butalbital/APAP	1
		butalbital/APAP/caffeine	1
		butalbital/aspirin/caffeine	1
		ergotamine/caffeine	1
		isometh/dichloralphen/APAP	1
		tramadol	1
		■ Amerge	2
		■ Ergomar	2
		■ Frova	2
		■ Imitrex tab, nasal, injection	2
		■ Maxalt	2
		■ Maxalt MLT	2
		■ Migranal	2
		■ Relpax	2
		■ Zomig	2
		■ Zomig Nasal	2
		■ Zomig ZMT	2
		■ Axert	2
		■ Cafergot	3
		■ Fioricet/Fiorinal	3
		■ Midrin	3
		■ Ultracet	3
		■ Ultram/ER	3
		<b>Nonsteroidal Anti-Inflammatory/Combination Products</b>	
		diclofenac potassium	1
		diclofenac sodium	1
		etodolac	1
		etodolac SA	1
		fenoprofen	1
		flurbiprofen	1
		ibuprofen	1
		indomethacin	1
		ketoprofen	1
		ketorolac inj.	1
		meclorfenamate	1
		meloxicam	1
		nabumetone	1
		naproxen	1
		naproxen EC	1
		oxaprozin	1
		oxaprozin	1
		piroxicam	1
		sulindac	1
		tolmetin	1
		Anaprox	3
		Ansaid	3
		Arthrotec	3
		Cataflam	3
		Clinoril	3
		Daypro	3
		diclofenac sodium SA	3
		Feldene	3
		Indocin	3
		■ ketorolac tab	3
		Lodine/XL	3
		Mobic	3
		Motrin	3
		Naprosyn	3
		Oruvail	3
		Prevacid Naprapac	3
		Relafen	3
		■ Toradol tabs	3
		Voltaren/XR	3
		<b>Parkinson's Disease</b>	
		amantadine	1
		benztropine	1
		bromocriptine	1
		carbidopa/levodopa	1
		carbidopa/levodopa SA	1
		selegiline	1
		trihexphenidyl	1
		+↓ Apokyn	1
		Comtan	2
		Mirapex	2
		Requip	2
		Stalevo	2
		Dostinex	3
		Eldepryl	3
		Parcopa	3
		Parlodel	3
		pergolide	3
		Permax	3
		Sinemet/CR	3
		Symmetrel	3
		Tasmar	3
		<b>Potassium</b>	
		<b>Potassium agents</b>	
		generic K-Dur	1
		potassium bicarb/potassium chloride	1
		potassium bicarbonate	1
		potassium chloride	1
		K-Dur	3
		K-lor powder	3
		K-Lyte/DS	3
		Micro-K	3
		<b>Potassium Removing agent</b>	
		sod. polystyrene sulfonate	1
		Kayexalate	3
		<b>Respiratory/Asthma</b>	
		<b>Adrenergic</b>	
		epinephrine inj.	1
		Epi EZ Jr.	2
		EpiPen/Jr.	2
		Twinject	2
		<b>Corticosteroids</b>	
		■ Asmanex	2
		■ Flovent/HFA	2
		■ Flovent Rotadisk	2
		■ Pulmicort	2
		■ Pulmicort respules	2
		■ Qvar	2
		■ Symbicort	2

**KEY:** ▽ = A step edit applies to this drug.  
 ■ = Specific Quantity Limits Apply.  
 ↓ = Prior Authorization Required.  
 ◆ = Included in Tablet-Splitting Program  
 ^ = Approved for Males only.  
 u = Approved for Females only.  
 + = Access restricted to specialty pharmacy.  
 & = Age requirement.

**Note:** 1. \* Please note that medications listed in the 3rd tier are considered non-formulary and are not all-inclusive.  
 2. \* All branded self-injectables are subject to prior authorization.  
 3. \* Some drugs are limited to 1 unit of use package per dispensing.





# How to Maximize Your Benefits

## **How to maximize your benefits and reduce your out-of-pocket costs**

Traditional Blue POS offers you the cost savings of a managed care product while still giving you the freedom to choose your own providers. Our POS product requires you to choose a Primary Care Physician (PCP) to assist you in coordinating your care. However, you can decide whether to go to an in-network provider and pay the lowest copay amounts, or to an out-of-network provider and pay a deductible and coinsurance. A network is a group of physicians and other providers in the BlueCross BlueShield of Western New York operating area that have a contract with us to provide services to our members. When you use one of the physicians or providers in our network, you are considered “in-network” and you will receive the best value and reduce your out-of-pocket costs.



### **Use In-Network Services**

Utilizing your PCP offers you the lowest personal out-of-pocket cost for medical care. Your PCP is a family practitioner, general practitioner, internist or pediatrician that you have chosen to coordinate your health care. Your PCP evaluates and coordinates any care you need. You are only responsible for a small copay when you obtain medical services from your PCP, a referred provider, or other in-network provider.

When traveling outside of our service area you are still afforded the opportunity to receive urgent care services with the savings of in-network provider services. Please call your PCP to arrange for care. If treatment is advised, call 1-800-810-2583 to locate a participating provider in the BlueCross BlueShield national network.



### **Or Use Self Referrals/Out-of-Network Services**

Our POS product offers you the flexibility to obtain medical services without a referral or from providers that are not part of your Traditional Blue POS network. Medical services received without a referral or from providers outside of your network will result in greater out-of-pocket costs to you. When you obtain these services you will be responsible to pay an annual deductible. After the deductible is paid you are responsible for your coinsurance for the medical service from an out-of-network provider.

If you utilize a provider who does not participate in any of our networks, the fee charged by the physician for a service may be higher than our allowance for that service. If the provider fee is higher than our allowance, you will be responsible for the difference between what the provider bills and our payment.

# ? Frequently Asked Questions

## Doctor Visits & Diagnostic Testing

### Why do I need a PCP?

It is important for you to establish yourself as a patient with your Primary Care Physician. We encourage you to do so as soon as possible. Even if you've been in good health, it is important for you to make this initial appointment. Knowledge about your health allows your PCP to effectively coordinate your health care, especially in an emergency. If you'd like to verify the PCP you've chosen, please call Customer Service at 1-800-544-2583 or 1-716-884-2800.

### How do I choose a PCP?

To help you make the best selection of health care providers, our web site, [www.bcbswny.com](http://www.bcbswny.com) contains the most current information about participating providers including physicians, hospitals, pharmacies and labs. You may also call Customer Service to request a copy of a printed directory or for help in knowing which providers participate in your plan.

### Do I need to obtain pre-authorizations?

Certain health services, diagnostic tests and procedures require prior approval. Traditional Blue POS coordinates your medical treatments with your practitioner in order to ensure appropriate treatment in an appropriate setting. Nurses and the medical director are always available to assist your physician in arranging care 24 hours a day, 7 days a week.

### How do you determine what New Technology will be covered?

To continue to provide our members with the most up-to-date treatment methods possible, we continually monitor scientific data and literature about new technology, new uses for existing treatment methods and new drugs. A team of medical experts then uses this information to assist them in updating covered benefits.

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## Hospital, Facility & Home Services

### What do I do in an emergency?

If you experience an emergency, go to the nearest emergency room or dial 911.

A medical emergency is a condition of recent onset and sufficient severity, including but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness or injury is of such a nature that failure to obtain immediate medical care could place his or her life in danger or cause serious harm.

Examples of medical emergencies include: possible heart attack, uncontrollable bleeding, cuts that require stitches, loss of consciousness or confusion, poisoning, stroke, severe shortness of breath, severe multiple injuries, including obvious fractures, convulsions.

### What do I do if I need urgent care when I am traveling outside of the service area?

Please call your Primary Care Physician (PCP) for guidance. If treatment is advised call 1-800-810-2583 to locate an in-network provider for an appointment. Your PCP will coordinate your referral so that your claim will be promptly paid at the in-network benefit level.

# Frequently Asked Questions ?

## **What do I do if I need urgent or emergency care when I am out of the country?**

For assistance when you are outside the U.S. call 1-804-673-1177. Collect calls are accepted.

For information about urgent and emergency care at your planned destination call 1-877-547-2903 from inside the U.S. before you leave.

## **What happens if I need to be admitted to the hospital?**

Your PCP or other physician must arrange your admission. The physician will contact BlueCross BlueShield to discuss the procedure and the length of your stay. The physician will coordinate all details and arrange your hospital admission.

During your inpatient stay, registered nurses and practitioners will be involved with the ongoing evaluation of your care, from admission through discharge, to facilitate a smooth transition when you go home.

## **What if I am out of the area for an extended period?**

Our Guest Membership program, offered through a national network of BlueCross BlueShield HMOs, provides Guest Memberships for members living outside our service area. Reasons for Guest Membership may include extended business trips, long-term travel, students away at school and families living apart. Except for students at school and families living apart, Guest Memberships will be limited to 180 days (6 months).

Guest Memberships allow you to join another BlueCross BlueShield HMO and receive the full range of benefits offered by that HMO. Your request to establish a guest membership in a Host HMO should be filed with Traditional Blue POS at least 30 days in advance of your anticipated travel plans.

To find out more about participating HMOs where Guest Memberships are available, call Traditional Blue POS at 1-800-544-2583 or 1-716-884-2800.

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## **Prescription Drugs**

### **What is a Three-Tier Prescription Program?**

BlueCross BlueShield offers a Three-Tier Prescription Program to provide you with access to a wide selection of prescription products, while helping you manage your prescription drug costs. This program gives you the opportunity to lower your out-of-pocket cost by using generic or lower cost brand name drugs whenever possible. Your prescriptions will be filled for up to a 30-day supply (including insulin) when filled at a participating pharmacy both nationally and locally.

Copays: The Three-Tier Benefit divides medications into three tiers, or categories. The tier your medication appears on determines your copayment.

- Tier 1 - Generic medications on the BlueCross BlueShield Formulary
- Tier 2 - Brand name drugs on the BlueCross BlueShield Formulary
- Tier 3 - Brand name and generic medications not included on the BlueCross BlueShield Formulary

### **How can I determine what my copayment will be for a specific drug?**

Visit our web site at [www.bcbswny.com](http://www.bcbswny.com) to view the Medication Guide and determine which tier a drug falls under.

It is possible that a medication may not have the same copayment under your BlueCross BlueShield benefit as it did with any previous benefit you may have had. The reason for this is that health insurance companies may place drugs on different tiers as a result of recommendations from their Pharmacy & Therapeutics Committees, which are comprised of physicians and pharmacists from the community. A drug that was on the second tier at your previous health insurance company may be on the third tier at BlueCross BlueShield and vice versa.

# ? Frequently Asked Questions

## **What is a Formulary?**

A Formulary is simply a preferred list of the quality, cost-effective medications that are covered under the prescription drug benefit. The BlueCross BlueShield Medication Guide should be consulted each time your physician prescribes a medication. This will help your physician prescribe generic and brand name drug medications that are currently on our formulary (first and second tier copay levels). It also identifies drugs for which the physician will need to obtain prior approval from BlueCross BlueShield to ensure coverage. Please note that the Medication Guide is regularly updated on our Web site. For the most up-to-date information you can log onto [www.bcbswny.com](http://www.bcbswny.com) or call us at 1-800-544-2583 or 1-716-884-2800.

In most cases brand name drugs with generic equivalents are not part of BlueCross BlueShield's Formulary. Therefore, as non-formulary drugs, the third tier copay would apply.

## **What is prior authorization?**

"Prior authorization" means that your physician needs to submit a request to BlueCross BlueShield before prescribing the medication for you. This request needs to indicate the condition the medication will be used to treat and medications previously used to treat this condition. If the request meets the drug therapy guidelines endorsed by our Pharmacy and Therapeutics Committee, it will be approved.

To determine if any of the medications you are currently taking require prior authorization under the BlueCross BlueShield Three-Tier Benefit, visit our web site at [www.bcbswny.com](http://www.bcbswny.com) to view the BlueCross BlueShield Medication Guide. Drugs that require prior authorization are indicated with a "↓".

It's important to check if your drug requires prior authorization with BlueCross BlueShield even if it did not require prior authorization from a previous health insurer. Health plans do not have the same prior authorization requirements. The important thing to note is that if your drug requires prior authorization from BlueCross BlueShield, your physician will need to submit a prior authorization request with all the necessary information to us before the drug will be covered under your new benefit.

## **How many days supply can be obtained for prescription drugs?**

Most prescription drugs are available for a 30-day supply. Certain drugs, such as antibiotics and cough and cold medications which are used for acute conditions, are only allowed a 10-day supply. For maintenance drugs on the BlueCross BlueShield Maintenance Drug List, the appropriate copay will apply for each 30-day supply.

## **Can I obtain prescriptions through the mail?**

Yes, with the Medco By Mail mail order program, you can have maintenance prescriptions delivered right to your door. To take advantage of this service, ask your doctor to write you a prescription for a 90 day supply. Call Medco Member Services toll free at 1-800-939-3751 to obtain forms, envelopes and a patient information questionnaire. Fill out the information and send it in.

You can also order your prescriptions online. Go to [www.bcbswny.com](http://www.bcbswny.com) and register for Online Services. Through Online Services you can order your prescriptions or mail-order forms.

# Frequently Asked Questions ?

## Health & Wellness

### **Where can I get information about health and wellness programs?**

Information on Alive & Lively®, Alterna Health, health management and the dental discount program are available by calling Customer Service at 1-800-544-2583 or 1-716-884-2800.

### **What is the cost for Alive & Lively® or Health Education programs?**

Most Alive & Lively® programs are free of charge; however, some will require you to make a small deposit to hold your registration. Your deposit will be returned when you complete the course. A few programs also require a materials fee.

### **What are the benefits of the Health Management Program?**

Our programs emphasize the importance of member education and the physician/patient partnership. As an active partner of your healthcare team, we provide resources to enhance your quality of life.

### **What are the benefits of Case Management?**

If you have special health care needs, Traditional Blue POS will assign a case manager to work with your practitioner to evaluate various options and services and coordinate the care to best meet your needs.

### **What are the benefits of Disease Management?**

Our Right Start Program examines all pregnancies in the first trimester to identify high-risk mothers for case management. Asthma, diabetes, heart disease, prenatal/post-partum and congestive heart failure programs identify members in need of services and implement intervention to improve their health.

### **What is Health Advocate? How can it help me?**

Health Advocate is a personal healthcare coaching and patient advocacy service that you can call anytime you need help navigating the healthcare system. With Health Advocate, you will have your own Personal Health Advocate - a registered nurse - who can help you locate qualified doctors and hospitals for complex needs, assist you with administrative, billing and claims issues, or provide information and resource support. Your entire family - you, your spouse and children, your parents and the parents of your spouse - can use Health Advocate.

You can call Health Advocate toll free at 1-800-359-5465, 24 hours a day, seven days a week. Your Personal Health Advocate will talk to you about your issue and work with a team of medical doctors and administrative experts to ensure you receive the help and support you need.

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## Network & In-Network

### **Where can I find a list of in-network providers?**

You can find a list of providers at our web site [www.bcbswny.com](http://www.bcbswny.com) You may also call Customer Service to request a copy of a printed provider directory or for help in determining which providers participate in your product. If you want to keep your out-of-pocket costs down, you should look for providers who participate in the Traditional Blue POS network.

### **What is a copay?**

Copay is the fixed dollar amount that your policy requires you to pay as your share of the cost of certain services each time you receive care.

### **What is coinsurance?**

Coinsurance is a cost-sharing requirement that you pay a designated percentage of the allowed amount for the cost of a covered service.

# ? Frequently Asked Questions

## What is not covered?

Exclusions applicable to Traditional Blue POS include, but are not limited to, the following:

- Care Provided Outside of the HealthNow Operating Area, except for emergency care, guest membership or Away From Home Care Program
- Admission to a Hospital before you become covered under this contract
- Government Hospital
- No-Fault Automobile Insurance
- Workers' Compensation
- Free Care
- Government Programs
- Blood (unless part of inpatient hospital care)
- Cosmetic Surgery
- Dental Care
- Military Service Connected Disabilities
- Prosthetic Appliances or Orthotic Devices\*\*
- Routine Care of Feet
- Non-Covered Physical Examinations
- Correction of Structural Imbalance, Distortion or Subluxation
- Non-Covered Benefits
- Sex Change
- Artificial Means to Induce Pregnancy (Except Artificial Insemination)
- Organ Transplant Searches, Screening or Donation
- Methadone Maintenance
- Reversal of Elective Sterilization

\*\* Benefit may be provided through a rider to your group contract

# Rights & Responsibilities



## Your Patient Rights

As a patient, you have a right to:

- Participate with your practitioner in the decision-making regarding your health care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of that action.
- Obtain from your physician or other health care provider complete and current information concerning a diagnosis, treatment or prognosis, in terms you can reasonably be expected to understand. When it is not advisable to give such information to you, the information shall be made available to an appropriate person on your behalf.
- Receive all information from your physician or other provider that is necessary to give informed consent prior to the start of any procedure.
- Know the name and qualifications of all your caregivers. Information can be obtained from the provider or the administrator of any healthcare facility. If you feel that your physician has not given you appropriate service you have the right to follow the complaint procedure for Quality of Care Access Review outlined in your member handbook.

## Your Member Rights

As a BlueCross BlueShield member, you have the right to:

- Information about the managed care organization, its services, its practitioners and providers, and your rights and responsibilities as a member.
- Respectful treatment and recognition of your dignity and right to privacy.
- Information about all services available through your health plan, including how to obtain emergency and after-hours care.
- Confidentiality of your medical records.
- Candid discussions concerning appropriate or medically-necessary treatment options for your condition(s), regardless of cost or benefit coverage.
- Voice complaints or appeals about BlueCross BlueShield or the care provided.
- Request to see your Primary Care Physician instead of another member of his/her office staff for an office visit, if you are willing to wait for an available appointment.
- Make recommendations regarding the organization's members' rights and responsibilities policies.



# Rights & Responsibilities

## Your Member Responsibilities

As a BlueCross BlueShield member, your responsibilities are to:

- Establish yourself as a patient of the Primary Care Physician you have selected.
- Follow the plans and instructions for care that you have agreed upon with your practitioners.
- Provide, to the extent possible, information that BlueCross BlueShield and our practitioners and providers need in order to care for you.
- Follow carefully your health plan's policies and procedures, as described in your member handbook and your contract(s) and rider(s).
- Ensure your Primary Care Physician coordinates any health care you receive in order to receive the highest level of benefits.
- Carry your member ID card with you and present it when seeking health services.
- Advise us of any changes which affect you or your family, such as birth, change of address or marriage.
- Submit all bills you have received from a non-participating provider within one year from the date of service.
- Notify us when anyone included in your coverage becomes eligible for Medicare or any other group health insurance.
- Keep us informed of your concerns about the medical care you receive.
- Pay appropriate copays to providers when services or supplies are received.
- Participate in understanding your health problems and developing mutually agreed upon treatment goals with your providers.

# Rights & Responsibilities



## **We Keep Your Information Confidential**

BlueCross BlueShield is committed to maintaining the confidentiality of patient information in all situations. That applies to your doctor's office, the hospital, our employees and everyone we contract with to provide and manage your health care. We will only release such information in accordance with state and federal law and the guidelines established by BlueCross BlueShield. Here's a summary of some of the guidelines we follow to keep your personal information confidential:

**Inclusions in routine notifications of privacy practices** - The Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. For example:

Uses and Disclosures of Protected Health Information (e.g., treatment, payment, health care operations)  
Individual Rights (e.g., member access, accounting of disclosures, confidential communications) A copy of the Notice of Privacy Practices is now included in our initial enrollment package and is available on our Web site or by calling the telephone number on the back of your identification card.

**The right to approve release of information (use of authorizations)** - An authorization is not required for treatment, payment or health care operations and in other instances as required by law. An authorization is required for the release of information in certain circumstances. For example: When releasing information to someone other than the individual and as otherwise permitted by law. When releasing sensitive information (e.g., HIV/AIDS, alcohol/substance abuse).

**Access to Medical Records** - BlueCross BlueShield does not generate or modify, nor do we maintain complete copies of, your medical records. We receive copies of your medical records in order to process claims and perform other routine functions in the normal course of business. If you want to obtain copies of your medical records, you should contact the practitioner or facility considered to be the source of these documents.

**Protection of oral, written, and electronic information across the organization** - Corporate information assets in oral, written and electronic form are protected by establishing and enforcing corporate security and privacy policies and procedures, implementing security and privacy awareness training for all workforce members, and deploying the appropriate physical, administrative and technical security mechanisms.

**Information for employers** - Protected health information is not released to employers unless you have authorized the release and/or the proper agreements are in place as permitted by law. When information is released to employers, it is released with certain restrictions so confidentiality will be maintained. However, enrollment/disenrollment and premium quote information is an allowable disclosure under certain law.


# Notes

# How to Contact Us



For questions about the Information in this book or enrolling in Traditional Blue.  
Monday - Friday  
8:00 AM - 5:00 PM  
Toll-free 1-888-249-2583  
Local 1-716-883-1385



Customer Service  
For non-English translations or for Concierge Service to resolve member phone calls.  
Monday - Friday 8:30 AM - 6:00 PM  
Toll-free 1-800-544-2583  
Local 1-716-884-2800  
TDD Line - 1-716-886-7863



Go to [www.bcbswny.com](http://www.bcbswny.com) and select Click and Comment to send us your questions, compliments, complaints or suggestions when it is convenient for you.



Web site  
[www.bcbswny.com](http://www.bcbswny.com)

## Additional Resources

### **Mental Health and Substance Abuse .....1-877-837-0814**

A clinician will assist you with determining the most appropriate type of provider for the services that you need and will arrange for treatment.

### **National Pharmacy Network .....1-800-939-3751**

To help you locate a participating pharmacy when you are outside of the service area.

### **Health Advocate.....1-800-359-5465**

A personal healthcare coaching and patient advocacy service you can call anytime you need help navigating the healthcare system. Health Advocate can: find the best doctors and hospitals for complex needs; make appointments with hard-to-reach specialists; locate and research treatments for a medical condition; provide unbiased information; assist with administrative, billing and claims issues; and help with eldercare issues.



#### Reminder:

If you are outside of the service area and you experience an unexpected illness or injury that is not life threatening, you can call your PCP for guidance. If treatment is advised, dial 1-800-810-2583 to locate an in-network provider for an appointment.



Visit our web site for access to information and service 24 hours a day, seven days a week. You can find a provider, locate a pharmacy, research health topics, and more. In the members' section of our site, registered users can use Online Services to order ID cards, change their PCP, and keep track of claims and other important health care details.

[www.bcbswny.com](http://www.bcbswny.com)



**BlueCross BlueShield**  
of Western New York

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