



SUMMARY PLAN DESCRIPTION

BCBSWNY MEDICAL PLAN

**BCBSWNY Medical Program
Benefit Program Summary Plan Description
Effective as of January 1, 2021**

The BCBSWNY Medical Program (“Program”) is fully insured by BlueCross BlueShield of Western New York (“Insurance Company”). The following pages include a Certificate of Insurance issued by the Insurance Company (which may also include riders, endorsements or other related attachments) (together, the “Certificate”). The Certificate describes the terms and provisions of the insured benefits provided.

About the Summary Plan Description:

The Program is a part of the Occidental Petroleum Corporation Welfare Plan (the “Plan”).* The full Summary Plan Description consists of a [wrap-around summary plan description document \(“Wrap-SPD”\)](#) and the Benefit Program Summary Plan Descriptions (“Benefit Program SPDs”) for each benefit program under the Plan.

This document that you are reading is the Benefit Program SPD for the Program. This Benefit Program SPD must be read together with the Wrap-SPD because both documents contain terms and provisions that are applicable to the Program. For additional information regarding the interaction of this Benefit Program SPD (including the Certificate) with the Wrap-SPD, please consult Article II “Interpretation” of the Wrap-SPD.

To view the Wrap-SPD click [here](#). Alternatively, to request a hardcopy or an electronic copy please contact the OxyLink Employee Service Center (OxyLink) by [email](#) or call 1-800-699-6903 (inside US) and 1-918-610-1990 (outside US) and an OxyLink representative will be happy to assist you.

* The Program is provided under the “General Health & Welfare Component” of the Plan. Other benefits unrelated to the Program are provided under a separate component of the Plan. For purposes of this Benefit Program SPD, references to the “Plan” will mean the General Health & Welfare Component unless otherwise specified or appropriate in context.

Benefit Summary for Group:
Occidental Chemical Corp. - Buffalo Ave
Effective Date: 1/1/2017

	POS 250D Select		
	In-Network	Out-of-Network	Additional Information
General Information			
Provider Network	200 Network		
Deductible	\$500 single / \$1,000 family	\$2,000 single / \$4,000 family	
Deductible Administration Type	True Family - On family plans, any individual can incur up to the family deductible and/or out of pocket maximum amount.	True Family - On family plans, any individual can incur up to the family deductible and/or out of pocket maximum amount.	
Coinsurance	10% coinsurance after deductible	50% coinsurance after deductible	
Out of Pocket Maximum	\$5,000 single / \$10,000 family	\$10,000 single / \$20,000 family	
Out of Pocket Administration Type	True Family - On family plans, any individual can incur up to the family deductible and/or out of pocket maximum amount.	True Family - On family plans, any individual can incur up to the family deductible and/or out of pocket maximum amount.	
Benefit Administration Date	1/1		
Dependent Coverage			
Dependent Age	26/26		
Dependent Coverage Ends	Birth date		
Domestic Partner and Children	Not covered		
Prescription Drug Coverage			
Prescription Drugs	\$10/\$30/\$50 not subject to deductible	Not Covered	
Mail Order	3 copays per 90 day supply	Not Covered	
Prescription Deductible	No		
Physician and Other Services			
Primary Office Visit	\$20 not subject to deductible	50% coinsurance after deductible	
Specialist Office Visit	\$20 not subject to deductible	50% coinsurance after deductible	
Allergy Testing and Treatment	\$20 copayment not subject to deductible	50% coinsurance after deductible	Copay based on where service is rendered
Outpatient Surgical Procedures (in physician's office)	10% coinsurance not subject to deductible	50% coinsurance after deductible	
PCP Copay/Coinsurance for Dependents up to age 19	\$20 not subject to deductible	50% coinsurance after deductible	

	POS 250D Select		
	In-Network	Out-of-Network	Additional Information
Emergency and Urgent Care Services			
Emergency Room	10% coinsurance after deductible	Covered as in-network	Cost-share waived if admitted
Ambulance	10% coinsurance after deductible	Covered as in-network	
Urgent Care Center	10% coinsurance not subject to deductible	Covered as in-network	
Preventive Services			
Bone mineral density measurement or test Cholesterol Test (lipid panel) Colonoscopy & Sigmoidoscopy Immunizations Mammogram Pap Smear Prenatal and one postpartum visit Prostate Test (Prostate Specific Antigen "PSA") Routine Physical Exam Well Child Visits	Covered in full not subject to deductible	50% coinsurance after deductible	Some routine services may not be covered Out-of-network, Please contact Customer Service.
Hospital Services			
Inpatient Hospital	10% coinsurance after deductible	50% coinsurance after deductible	
Outpatient Surgical Procedure (Facility)	10% coinsurance not subject to deductible	50% coinsurance after deductible	Follow Corporate Guidelines for Pre-Auth
Skilled Nursing Facility	10% coinsurance after deductible	50% coinsurance after deductible	60 Days
Diagnostic Testing Services			
Laboratory Tests	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Radiology	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Maternity Services			
Physician Services: Prenatal and Postnatal Care (initial visit)	\$20 Copayment/\$20 Copayment not subject to deductible	50% coinsurance after deductible	
Inpatient Maternity	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Mental Health and Substance Abuse			
Inpatient Mental Health	10% coinsurance after deductible	50% coinsurance after deductible	

	POS 250D Select		
	In-Network	Out-of-Network	Additional Information
Mental Health and Substance Abuse			
Outpatient Mental Health	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Inpatient Substance Abuse - Rehab	10% coinsurance after deductible	50% coinsurance after deductible	
Inpatient Substance Abuse - Detox	10% coinsurance after deductible	50% coinsurance after deductible	
Outpatient Substance Abuse	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Diabetic Supplies and Services			
Diabetic Equipment	\$20 copayment not subject to deductible	50% coinsurance after deductible	
Insulin and Other Oral Agents	\$20 copayment not subject to deductible	50% coinsurance after deductible	If administered by Pharmacy vendor; copay is lesser of PCP or Rx.
Diabetic Medical Supplies (Test strips, Syringes, etc)	\$20 copayment not subject to deductible	50% coinsurance after deductible	
Rehabilitation Services			
Chiropractic Care	\$20 Copayment/\$20 Copayment not subject to deductible	50% coinsurance after deductible	
Physical - Occupational - Speech Therapies	10% coinsurance not subject to deductible	50% coinsurance after deductible	30 aggregate PT/OT/ST visits per year
Pulmonary Rehabilitation	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Additional Services			
Durable Medical Equipment	50% coinsurance not subject to deductible	50% coinsurance after deductible	
Prosthetics & orthotics	50% coinsurance not subject to deductible	50% coinsurance after deductible	
Home Health Care	\$20 copayment not subject to deductible	50% coinsurance after deductible	40 visits per year
Hospice	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Chemotherapy - Outpatient Facility	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Dialysis	10% coinsurance not subject to deductible	50% coinsurance after deductible	
Wellness Card	Not covered	Not covered	
Pediatric Vision Services			
Routine Exam	Covered in full not subject to deductible	50% coinsurance after deductible	
Medical Eye Exam	\$20 copayment not subject to deductible	50% coinsurance after deductible	

	POS 250D Select		
	In-Network	Out-of-Network	Additional Information
Adult Vision Services			
Routine Exam	Covered in full not subject to deductible	50% coinsurance after deductible	
Medical Eye Exam	\$20 copayment not subject to deductible	50% coinsurance after deductible	

*For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

**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

Vision Comprehensive Benefit Rider With Lasik (Annual)

Benefits	In-network Member Cost	Out-of-network Benefits** Member Allowance
Services		
Eye exam	Copay applies (including dilated fundus evaluation)	\$30 allowance
Frames	\$100 allowance towards first purchase, additional purchases 40% off retail price	\$40 allowance
Standard Plastic Lenses		
Single vision	First purchase covered in full, additional purchases 40% off total cost	\$20 allowance
Bifocal		\$30 allowance
Trifocal		\$40 allowance
Lenticular		\$60 allowance
Lens Options		
UV coating	\$15	N/A
Tint (solid and gradient)		
Standard scratch-resistance		
Standard polycarbonate	\$40	
Standard progressive (add-on to bifocal)	\$65	
Standard anti-reflective coating	\$45	
Photochromic	20% discount	
Transition Lenses		
Other Add-ons and Services		
Sunglasses, non-prescription sunglasses	20% discount	N/A
Contact Lens Materials		
Disposable	\$100 allowance in lieu of frames and lenses towards first purchase, additional purchases 0% discount	\$40 allowance in lieu of lenses and frames up to \$100 retail value
Conventional	\$100 allowance in lieu of frames and lenses towards first purchase, additional purchases 15% discount	
Laser Vision Correction*		
Laser vision correction procedure	50% off the cost up to a maximum of \$400 per eye	N/A
Frequency		
Examination	Annual	N/A
Frames	\$100 allowance annually, discount unlimited	
Lenses	Covered in full annually, discount unlimited	
Contact lenses	\$100 allowance in lieu of frames and lenses annually, discount unlimited	

EyeMed, an independent company, administers vision benefits on behalf of BlueCross BlueShield of Western New York. Members must receive services from an EyeMed provider to receive in-network benefits and cost-sharing. To locate a provider near you, visit bcbswny.com/vision. Simply show your ID card to a participating EyeMed provider and they will apply the appropriate discount at the time of purchase.

* 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.

Members will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.

** Member is responsible for the difference between allowance and provider charge.



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\$0 copay preventive services with your plan

Covered preventive services for adults

- Abdominal aortic aneurysm screening for adults over 50†
- Alcohol misuse screening and counseling
- Anemia screening on a routine basis during pregnancy
- Bacteriuria infection screening for pregnant adults
- Blood pressure screening
- Breast cancer chemoprevention counseling
- Breast cancer screenings†
- Breast-feeding support, supplies, and counseling
- Cervical cancer screening
- Cholesterol screening for adults of certain ages
- Colorectal cancer screening (colonoscopy, sigmoidoscopy, fecal occult exam, polyp biopsy) for adults over 50†
- CT screening (annual) for lung cancer for adults ages 55-80 with history of smoking
- Depression screening
- Diabetes type 2 screening for adults over 19
- Diet counseling
- Genetic testing for BRCA-related cancer
- Gestational diabetes screening
- Hepatitis B screening for high-risk and pregnant members
- Hepatitis C screening
- Human immunodeficiency virus (HIV) screening
- Human papillomavirus (HPV) testing
- Immunization vaccines – doses, recommended ages, and recommended populations vary:*
- Hepatitis A
- Herpes zoster
- Human papillomavirus
- Influenza
- Measles, mumps, rubella
- Meningococcal
- Pneumococcal
- Tetanus, diphtheria, pertussis
- Varicella
- Interpersonal and domestic violence screening and counseling
- Lactation support, counseling, and rental equipment (pre- and post- natal)
- Obesity screening and counseling (up to 20 visits of behavioral intervention)

- Osteoporosis screening for adults over 60†
- Physical therapy for fall prevention for adults ages 65 and older
- Rh incompatibility screening for all pregnant members
- Sexually transmitted infection (STI) screening and counseling (including chlamydia, gonorrhea, syphilis)
- Tobacco use screening, including expanded counseling for pregnant tobacco users
- Tuberculosis screening for adults 18 and over

Additional services covered in full

- Prostate-specific antigen screening†
- Routine annual physical†
- Routine eye exam†
- Routine labs ordered as part of a routine annual physical or routine obstetrical/gynecological exam†
- Routine obstetrical/gynecological exam†

(over)



Covered preventive services for children

- Alcohol and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments
- Cervical dysplasia screening for sexually active members
- Congenital hypothyroidism screening for newborns
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Gonorrhea preventive medication for eyes of all newborns
- Hearing screening for all newborns under 1 year old
- Height, weight, and body mass index measurements
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening for newborns under 1 year old
- Hepatitis B screening for high-risk members
- HIV screening
- Immunization vaccines – doses, recommended ages, and recommended populations vary:*

 - Diphtheria, tetanus, pertussis
 - Haemophilus influenza type B
 - Hepatitis A
 - Human papillomavirus
 - Inactivated poliovirus
 - Influenza
 - Measles, mumps, rubella
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella

- Lead screening for children at risk of exposure
- Medical history for all children throughout development
- Obesity screening and counseling†
- Oral health risk assessment for young children
- Phenylketonuria (PKU) screening for newborns
- Sexually transmitted infection (STI) prevention counseling for adolescents
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening†

Pharmacy preventive care

- Aspirin use from ages 50-59**
- Bowel prep agents related to colorectal cancer screening
- Contraceptive methods and counseling**
- Fluoride chemoprevention supplements for children 6 months to 5 years old without fluoride in their water source**
- Folic acid supplements for members up to age 63 who may become pregnant**
- Immunization vaccines administered and billed in pharmacy
- Medications to reduce the risk of breast cancer for members ages 35 and older
- Smoking cessation medications
- Statin drugs to prevent cardiovascular disease for adults from ages 40-75**
- Vitamin D supplements for adults over 65

For more details and a complete list of covered preventive services, visit bcbswny.com/preventive or call the customer service number listed on the back of your member ID card.

† For members enrolled in a commercial, direct pay, Healthy NY, New York State of Health, or ASO plan, please be aware that some of these services may have a copay, annual limits, or may only be covered in certain age ranges.

* Some immunization may be administered at the pharmacy. Consult your doctor and/or pharmacist for availability.

**Prescription required.

Our case management team is here for you

If and when you need complex health care, our case management team is here to assist you. We work with you to help you make more informed health care decisions to ensure you receive the care you need where it makes the most sense.

You also have access to the following programs:

General case management

We help those that have experienced a serious medical event to navigate the health care system and achieve successful case transitions. Through communication, coordination of services, and development of a treatment plan we will meet your and your family's comprehensive health needs.

Transplant case management

We help identify potential transplant candidates and assist them in the transplant process. We also work closely with the transplant team to make sure your needs are met.

Palliative care

If you have a life-limiting illness, we focus on your physical and emotional well-being. Quality of life, supporting your family, and developing the best treatment plan possible are our primary goals. As the illness progresses, our case managers stay in close contact with your family and engage them in the decision-making process.

Rare conditions case management

We provide education on your condition and discuss treatment options. This enables you to actively participate in managing your illness.

Right start pregnancy management

We provide the information you need to care for yourself during your pregnancy. We also help you understand nutritional needs, recognize the symptoms of pre-term labor, and understand the stages of pregnancy. We encourage you to get early prenatal care and to keep all regularly scheduled appointments.

For more information regarding case management, please call **1-877-878-8785** any time Monday through Friday between 8 a.m. and 5 p.m.

Disease management when you need it

If you suffer from a chronic illness, you know how important it is to keep your health in balance. We work with your doctor to manage your illness and avoid complications. Our registered nurses also provide you with one-on-one health coaching.

Heart disease

If you have heart disease or congestive heart failure, we offer education and support. We show you how to work with your doctor to develop an action plan for the best control possible, which can include medication, making sensible food choices, exercising regularly, and maintaining a healthy weight.

Asthma

Take charge of your asthma with the support and guidance of your health care team. You'll receive educational materials, an asthma action plan, access to free programs, and an asthma resource guide.

Chronic obstructive pulmonary disease

We educate you about this disease and help you avoid life-changing complications. In addition to one-on-one health coaching, our registered nurses provide case management and counseling. We work with you and your doctor to help you control your symptoms and improve your quality of life.

Diabetes

Our diabetes management program provides you with information and tips on how to work with your doctor to manage your condition and prevent or delay long-term complications. There's no charge to attend group seminars and workshops. Your plan also covers diabetic drugs such as insulin, glucagon, and prescription oral drugs used to control blood sugar. Diabetic equipment and supplies, including blood glucose monitors, test strips, insulin pumps, and syringes are also covered.

Sleep disorders

We educate you about the sleep disorder and the importance of compliance with a treatment plan to improve your health status. We provide one-on-one health coaching with a respiratory therapist to promote effective self-management skills and a working relationship with the durable medical equipment supplier, specialists, and your primary care physician.

Depression

Depression can be controlled with medication and/or counseling. Our depression management program helps you better understand your situation and how best to manage its symptoms.

Attention deficit hyperactivity disorder (ADHD)

ADHD is a condition that affects children between the ages of 6 and 12. It can be controlled with medication, counseling, or a combination of the two. We assist doctors in managing your child's condition. We work with you to provide direction and self-help tools for your child.

Preventive health

It's easy to lose track of screenings for colonoscopies, cholesterol or prostate tests, and immunizations. We can help by sending you preventive health reminders.

Back care

Our back care management program addresses those that suffer from back pain. This evidence-based program focuses on effectively managing pain with appropriate medications, imaging and lifestyle modifications. Low back pain sufferers are treated in an optimal patient care setting using best in class treatment options.

For more information or to enroll in any of these programs, call **1-877-878-8785** Monday through Friday between 8 a.m. and 5 p.m. or visit **bcbswny.com**.

Health and wellness programs

Online health and wellness tools

A wide range of health and wellness tools are just a click away, 24 hours a day, seven days a week. To access these exclusive health tools, you must register as a member at bcbswny.com.

Click *My Health*

My Health is a free online resource to help you and your family live healthier. With *My Health*, you can create a personalized dashboard to view your health data, track your progress with interactive tools, and engage in health and wellness programs that are just right for you.

With *My Health*, you can access:

- **Personal health itinerary** – follow a data-driven, personalized action plan based on your specific needs
- **Healthy living content** – view an ongoing calendar of wellness content, activities, and challenges
- **Tracking dashboard** – record your physical activity and measurements for blood pressure, weight, sleep, and more

Start with a health assessment

This quick, easy, and confidential online survey takes about 15 minutes to complete, and will help you build a personal health itinerary you can use to determine what health areas you may need or want to address.

Gym Network 360™

Gym Network 360™ offers exclusive savings at over 10,000 locations, including national, regional, and local clubs in more than 60 major cities and surrounding areas. With Gym Network 360, you get a lowest-price guarantee, flexible membership options, travel privileges, and transfer and freeze options.

Community wellness

We are committed to helping you take an active role in your health. We work with hospitals, non-profit agencies, and community health educators to offer a variety of local classes, support groups, and workshops in the Western New York area.

- Alcohol and substance abuse
- Back care
- Diabetes
- Heart health
- Maternal and infant health
- Nutrition
- Physical activity and fitness
- Senior health
- Smoking cessation
- Stress management
- Weight management
- Women's health

Health coaching

Health coaches are trained professionals—registered nurses, nutritionists, health educators, and exercise physiologists. Our health coaches can educate, motivate, and support you with regard to health risks, and guide you to better health. Coaching takes place in person, over the telephone, or online. Our health coaches are focused on getting and keeping you healthy.

What our health coaches can do for you:

- Actively support, encourage, and educate
- Help develop goals and plans of action
- Identify barriers to better health
- Manage and control chronic conditions
- Promote safe and healthy lifestyles

To learn more about health coaching or our available health and wellness programs, visit bcbswny.com or call us at the customer service number on the back of your member ID card.

Make the most of your prescription drug benefits*

Your member ID card gives you access to more than 350 local retail pharmacies, and nearly 70,000 pharmacies nationwide. Visit bcbswny.com to locate a pharmacy near you.

Mail order prescriptions

We partner with Express Scripts®, the largest mail-order pharmacy in the country, to deliver prescriptions right to your door.



Our partnership gives you access to savings such as:

- 90-day prescriptions (pay less than you would filling monthly prescriptions at your local pharmacy)
- More than 400 generic medication alternatives for \$10 or less for a 90-day supply
- Tablet-splitting program that makes 15-day prescriptions last 30 days, and 45-day scripts last 90 days

Identifying lower-cost alternatives

My Rx Choices is an online resource that helps you and your doctors find available lower-cost alternatives for medications you take on an ongoing basis. Access the site through bcbswny.com and get side-by-side comparisons of lower-cost options. My Rx Choices will help you identify more than 400 generic and tablet-splitting alternatives.

Specialty medications

Specialty medications are prescription drugs used to treat complex conditions, including cancer, multiple sclerosis, and rheumatoid arthritis. BlueCross BlueShield works with Walgreens Pharmacy to administer this service. For more information, please call 1-877-917-4400 or visit bcbswny.com.

*Not all plans include prescription drug coverage. For information about prescription drug coverage with your plan, please review your plan documents or call customer service at the number on the back of your member ID card.

My Rx Choices is a registered trademark of Express Scripts Holding Company.



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Understanding your prescription drug options

What is a formulary?

A formulary, or preferred drug list, is a list of the medications that are covered under your prescription drug benefit. A committee of local doctors and pharmacists create these lists by evaluating medications based on their cost, effectiveness, and availability.

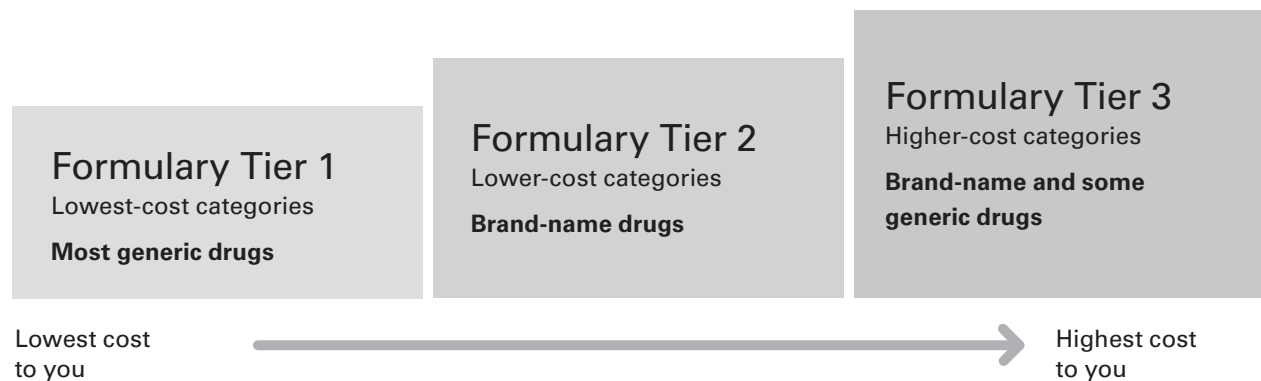
Prescription drug tiers

The amount you pay for a drug depends on the medication you buy and where it appears on your formulary. Your formulary is broken up into three tiers; your drug plan may cover medications on all three tiers, or you may only have coverage for tiers 1 and 2. Some drug plans also exclude certain drugs or drug classes. Please check your plan documents for information about your specific drug coverage.

To save money, your best option is to choose drugs that are on the first or second tier of your formulary. Drugs that are not on your formulary will cost a higher copay. Talk to your doctor before making a decision between generic and brand-name drugs.

How can I find out if my drug is on the formulary?

Visit our website, bcbswny.com. You can search for a specific drug by name, category, or by drug status (i.e., formulary, non-formulary, preauthorization required, etc.). For a hard-copy list of covered medications, you can print a copy from our website, or call us at the customer service number on the back of your member ID card.



INDEX (CONT'D)

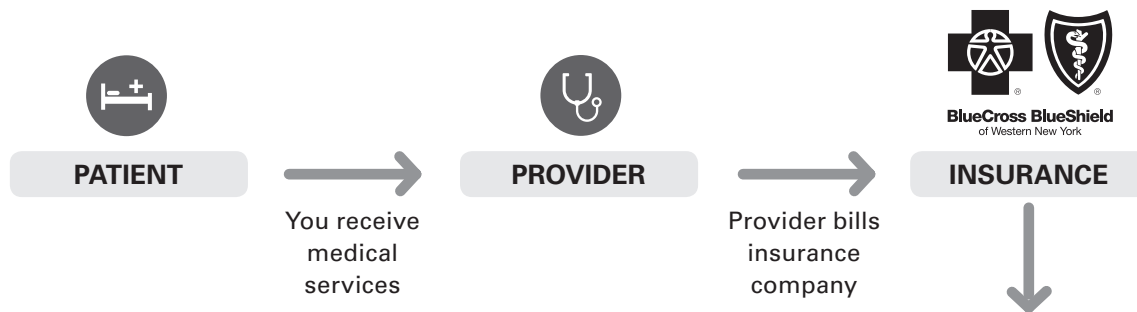
DRUG NAME	TIER	DRUG NAME	TIER	DRUG NAME	TIER	DRUG NAME	TIER	DRUG NAME	TIER	DRUG NAME	TIER
tolbutamide	1	Trilyte	1	V		+↓▽Viekira	2	▽Xigduo XR	3	+↓Zinbryta	3
○tolmetin	1	trimethobenzamide	1	▽valacyclovir	1	+↓Viekira XR	2	▽Xiidra	3	▽Zioptan	3
■tolterodine	1	trimethoprim	1	↓Valchlor	2	Vigamox	2	Xopenex HFA	3	■Ziprasidone caps	1
■tolterodine ER	1	○trinessa	1	Valcye	3	Viibryd	2	■Xtampza ER	3	Zmax	2
○topiramate	1	Trintellix	3	valganciclovir tablets	1	▽Vimovo	3	+↓Xtandi	2	Zohydro ER	3
○topiramate ER	3	Triumeq	2	○valproic acid	1	Vimpat	3	Xtoro	3	+↓Zolinza	2
○torsemide	1	○trivora	1	■valsartan	1	▽Viokace	3	○xulane	1	■zolmitriptan	1
Toujeo	2	○Trokendi XR	3	○valsartan/HCTZ	1	Viracept	2	↓Xultophy	3	■zolpidem	1
■Toviaz	2	tropicamide	1	■Valtrex	3	Viramune, XR	2	↓Xuriden	3	■zolpidem ER	1
+↓Tracleer	2	■trospium	1	Vancocin	3	Viread	2	↓Xyrem	2	▽zolpidem ER sublingual tablet	3
Tradjenta	2	■trospium ER	1	vancomycin caps	1	○vit A,D,C V fluoride	1	Y		▽Zolpimist	3
tramadol ER capsule	3	▽TRUETest		vandazole vag	1	○vit A,D,C V fluoride	1	yohimbine	1	▽Zolpimist	3
tramadol/acetaminopen	1	▽TRUtrack		↓Varubi	3	○vit A,D,C V fluoride	1	■Yosprala	3	▽Zomig	3
tramadol/ER tablet	1	▽TRUalance	3	Vascepa	3	Vitekta	2	○yuvaferm	1	▽Zomig Nasal	3
○trandolapril	1	↓Trulicity	3	+Vecamyl	3	Vituz	3	Z		▽Zomig ZMT	3
○trandolapril/verapamil	3	Truvada	2	↓veletri	3	↓Vivaglobin	3	Zaditor	3	○zonisamide	1
Transderm Scop	2	Tudorza	3	○velivet	1	▽Viviodex	3	○zafirlukast	1	↓Zontivity	3
transylcypromine	1	Tybost	2	Velphoro	3	▽Vogelxo	3	+↓Zorbitive	3	○Zorbtive	3
▽Travatan Z	3	+↓Tykerb	2	+Veltassa	3	↓Voriconazole	1	Zortress	2	○Zorvolex	3
○travoprost	1	▽Tylenol/codeine	3	▽Veltin gel	3	+↓Votrient	2	○Zarah	1	○Zovia	1
trazodone	1	↓Tymlos	3	■Vemlidy	3	■Vraylar	3	+↓Zarxio	3	Zovirax Cream	2
▽Tresiba	3	↓Tyvaso	3	↓Venclexta	3	Vyvanse	2	↓Zavesca	2	Zubsolv	3
tretinoin cr/gel	1	■Tyzeka	3	◆venlafaxine	1	W		+▽Zecuity	3	↓Zuplenz	3
▽tretinoin microsphere	3	U		venlafaxine ER	1	warfarin	1	▽Zegerid	3	▽Zurampic	3
Trexall	3	Uceris	3	↓Ventavis	3	○Welchol	3	■Zegerid OTC	1	▽Zyban	3
▽Treximet	3	Ulesfia	2	■Ventolin HFA	2	X		↓Zejula	3	↓Zydelig	2
Trezix	3	▽Uloric	3	▽Verapamil/SR	3	▽Xalatan	3	+↓Zelboraf	2	■Zyflo	3
○Tri-sprintec	1	○Ultresa	3	○Verapamil/SR	1	+↓Xalkori	2	▽Zembrace	3	+↓Zykadia	2
○Tri-Vi-Flor	3	○Unithroid	1	▽Versacloz	3	Xarelto	2	○Zenchant	1	Zylet	3
triamcinolone acetonide	1	○Unithroid	1	■Vesicare	2	○Zenpep	2	+↓Zepatier	3	■Zyprexa	3
○Triamterene/HCTZ	1	↓Uptravi	2	▽Viagra	3	▽Zetonna	3	Ziagen	2	■Zyprexa Zydis	3
triazolam	1	Urecholine	3	Vibramycin	3	▽Ziana gel	3	zidovudine	1	+↓Zytiga	2
■Tribenzor	3	○ursodiol	1	Vicodin/ES	3	▽Ziana gel	3	○zileuton ER	3		
trifluoperazine	1	■Utibron	3	↓Victoza	2						
trifluridine	1			+↓Victrelis	2						
○trihexyphenidyl	1			Videx	2						

KEY: ▽ = A step edit applies to this drug.
 ■ = Specific Quantity Limits Apply.
 ↓ = Prior Authorization Required.
 ◆ = Included in Tablet-Splitting Program
 + = Access restricted to specialty pharmacy.
 ○ = Home Service Delivery.

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

How your claims get paid . . .

Navigating the health care system can be confusing. Our job is to help make it easier so you can focus on what's important - staying healthy. Below is a chart that shows how your claims get paid and how to read your Explanation of Benefits.



Claims Summary: Explanation of Benefits

THIS IS NOT A BILL

Susie Q. Smith

Member ID: 11223344

Statement Period 02/01/2015 – 03/01/2015

Medical Services

Claim Number
Doctor/Facility
Claim Processed (Network)

12345678
Dr. Smith
02/01/2015 (In-network)

- A** Service Type
- B** Date of Service
- C** Amount Doctor/Facility Submitted

Office Visit
01/15/2015
\$100.00

Claim 12345678 Total \$100.00

Statement Period

	YOUR HEALTH PLAN(S) PAID	BREAKDOWN OF MEMBER RESPONSIBILITY						
		Copay	Deductible	Coinsurance	Not Covered	Notes	Your Total Responsibility	
Member Price D	Paid E	F	G	H	I	J	K	
\$100.00	\$80.00	\$20.00	-	-	-	-	\$20.00	
Statement Period	\$100.00	\$80.00	\$20.00	-	\$0.00	\$0.00	-	\$20.00

BlueCross BlueShield processes the claim according to your contract and calculates payment responsibilities for you and us. An Explanation of Benefits is sent to you.

An Explanation of Benefits is a summary of provider charges, contract allowances, and patient responsibility amounts.

- A** Service you received.
- B** Date of service provided.
- C** Amount charged by doctor or facility for service provided.
- D** The negotiated rate between the provider and BlueCross BlueShield for that service.
- E** The amount paid by BlueCross BlueShield.
- F** Copayments you may be responsible for paying (typically a set dollar amount).
- G** A set dollar amount you pay for your covered medical care before your benefits start.
- H** Your cost-share for services. The amount you are responsible for paying for certain covered services, (typically a percentage of the contract allowance for the service).
- I** Amount not covered under the terms of your health plan.
- J** An explanation of a payment or a reason for denial of a claim (if applicable).
- K** Total amount you are responsible for paying (combined total of copay, deductible, and/or coinsurance).

If your plan has a deductible . . .

. . .when you have not met your deductible

Claims Summary: Explanation of Benefits

THIS IS NOT A BILL

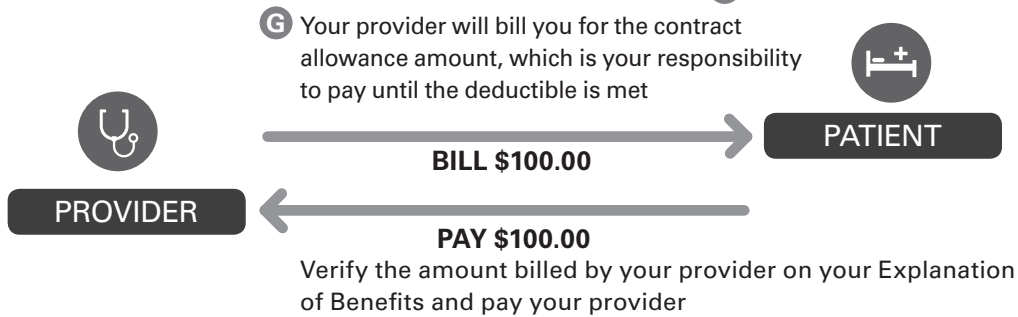
Susie Q. Smith

Member ID: 11223344

Statement Period 02/01/2015 – 03/01/2015

Medical Services

Claim Number Doctor/Facility Claim Processed (Network)	Service Type Date of Service Amount Doctor/ Facility Submitted	YOUR HEALTH PLAN(S) PAID		BREAKDOWN OF MEMBER RESPONSIBILITY					
		Member Price	Paid	Copay	Deductible	Coinsurance	Not Covered	Notes	Your Total Responsibility
12345678 Dr. Smith 02/01/2015 (In-network)	Office Visit 01/15/2015 \$100.00	\$100.00	\$0.00	-	\$100.00	-	-	-	\$100.00
Claim 12345678 Total \$100.00									
Statement Period		\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	-	\$100.00



. . .when your deductible has been met

Claims Summary: Explanation of Benefits

THIS IS NOT A BILL

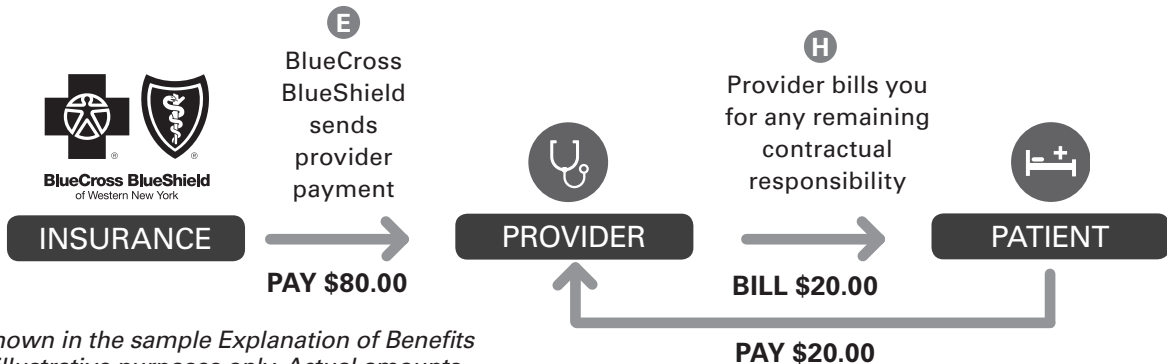
Susie Q. Smith

Member ID: 11223344

Statement Period 02/01/2015 – 03/01/2015

Medical Services

Claim Number Doctor/Facility Claim Processed (Network)	Service Type Date of Service Amount Doctor/ Facility Submitted	YOUR HEALTH PLAN(S) PAID		BREAKDOWN OF MEMBER RESPONSIBILITY					
		Member Price	Paid	Copay	Deductible	Coinsurance	Not Covered	Notes	Your Total Responsibility
12345678 Dr. Smith 02/01/2015 (In-network)	Office Visit 02/01/2015 \$100.00	\$100.00	\$80.00	-	-	\$20.00	-	-	\$20.00
Claim 12345678 Total \$100.00									
Statement Period		\$100.00	\$80.00	-	-	\$20.00	-	-	\$20.00



The amounts shown in the sample Explanation of Benefits images are for illustrative purposes only. Actual amounts will vary according to the types of services received and the terms of your member contract.

Verify the amount billed by your provider on your Explanation of Benefits and pay your provider

Online tools for getting and staying healthy

Log into your secure member portal through the secure member portal at bcbswny.com to find personalized health care information and services.*

You can:

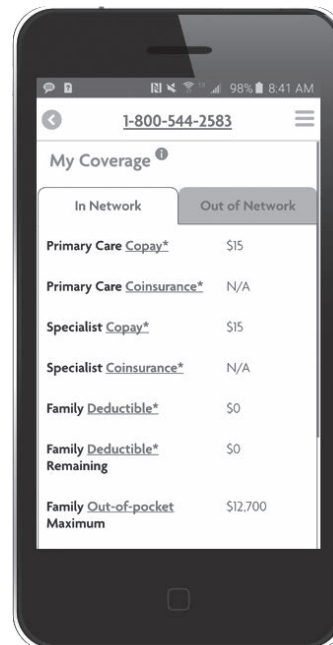
- **Manage your account.** View your claims history, referrals, pre-authorizations, and Explanation of Benefits. Order a new member ID card and update your password and personal account information.
- **Plan your treatment.** Research treatment options and locate physicians, specialists, and health care facilities near you – and estimate the cost of your care.
- **Reorder prescriptions.** Submit your refill online, check the order status, and get access to registered pharmacists 24 hours a day, seven days a week.
- **Chat with us.** Speak with a customer service representative online to get real-time answers to your insurance questions.
- **Access health and wellness resources.** Complete a health assessment, create your own personal health itinerary, participate in wellness workshops, enjoy a variety of discounts on health and wellness services, and track your success.

We go where you go

With BlueCross BlueShield's free mobile app, you get fast access to valuable information whenever and wherever you need it.

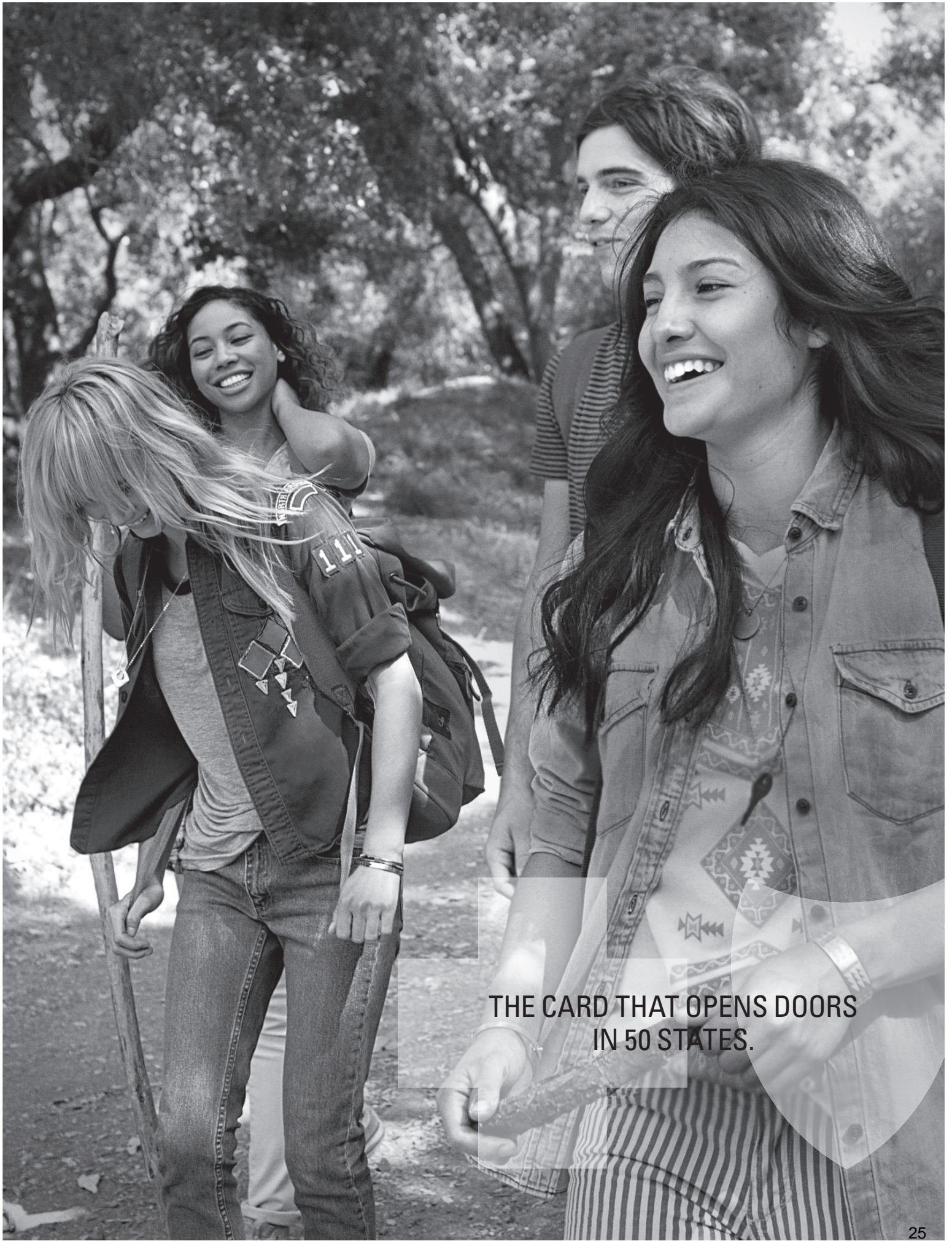
- Find a doctor
- Review your plan
- Access your claims data
- Update contact information
- Store your ID card

- For iPhone, go to the App Store and search for "BCBSWNY"
- For Android, go to the Play Store and search for "BCBSWNY"



Fast access to your plan information, whenever and wherever you need it.

* The personal information that you enter is secure and protected. When you set up an online account, you will be able to view information for yourself. If you are the subscriber, you will be able to view information for dependents under the age of 18.



THE CARD THAT OPENS DOORS
IN 50 STATES.

Terms you should be familiar with

Allowed amount

An allowed amount is the maximum amount on which our payment is based for covered services. If your non-participating provider charges more than the allowed amount, you will have to pay the difference between the allowed amount and the provider's charge, in addition to any cost-sharing requirements.

Balance billing

Balance billing occurs when a non-participating provider bills you for the difference between the non-participating provider's charge and the allowed amount. A participating provider may not balance bill you for covered services.

Coinsurance

Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service that you are required to pay to a provider.

Copayment

A copayment is a fixed amount you pay directly to a provider for a covered service when you receive the service. The amount can vary by the type of covered service.

Cost-sharing

Cost-sharing refers to the amounts you must pay for covered services, expressed as coinsurance, copayments, and/or deductibles.

Deductible

A deductible is the amount you owe before we begin to pay for covered services. The deductible applies before any coinsurance

or copayments are applied. The deductible may not apply to all covered services. You may also have a deductible that applies to a specific covered service (e.g., a prescription drug deductible) that you owe before we begin to pay for a particular covered service.

Diagnosis

A diagnosis is the actual or suspected condition or disease for which a patient is being treated or tested.

Durable Medical Equipment (DME):

Durable medical equipment (DME) are:

- designed and intended for repeated use;
- primarily and customarily used to serve a medical purpose;
- generally not useful to a person in the absence of disease or injury; and
- appropriate for use in the home.

Embedded deductible

If you are on a family (two or more members covered) medical plan with an embedded deductible, your plan contains two components – an individual deductible and a family deductible. Having two components to the deductible allows each member of your family the opportunity to get his or her medical bills covered prior to the entire dollar amount of the family deductible being met. One person cannot exceed the individual deductible amount. The individual deductible is embedded in the family deductible.

Terms you should be familiar with

Emergency condition

An emergency medical condition is a medical or behavioral condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the person afflicted with such condition (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy;
- Serious impairment to such person's bodily functions;
- Serious dysfunction of any bodily organ or part of such person; or
- Serious disfigurement of such person.

Home health agency

An organization currently certified or licensed by the State of New York or the state in which it operates and renders home health care services is a home health agency.

Hospice care

Hospice care provides comfort and support for persons in the last stages of a terminal illness and their families. These services are provided by a hospice organization certified pursuant to Article 40 of the Public Health Law or under a similar certification process required by the state in which the hospice organization is located.

Member

The subscriber and covered dependents for whom required premiums have been paid are members. Whenever a member is required to provide a notice pursuant to a grievance or emergency department visit or admission, "Member" also means the member's designee.

Non-participating provider

A provider who doesn't have a contract with us to provide services to you is a non-participating provider. You will pay more to see a non-participating provider.

Orthotic device

An orthotic device is a device that is applied externally to the limb or body (e.g., braces or splints).

Out-of-pocket limit

The most you pay during a plan year in cost-sharing before we begin to pay 100 percent of the allowed amount for covered services is the out-of-pocket limit. This limit never includes your premium, balance billing charges, or the cost of health care services that we do not cover.

Participating provider

A provider who has a contract with us to provide services to you. A list of participating providers and their locations is available on our website bcbswny.com or upon your request to us. The list will be revised from time to time by us.

Terms you should be familiar with

Primary care physician

A primary care physician is a participating physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who typically is an internal medicine, family practice, or pediatric doctor and who directly provides or coordinates a range of health care services for you.

Preauthorization

A decision by us prior to your receipt of a covered service, procedure, treatment plan, device, or prescription drug that the covered service, treatment plan, device, or prescription drug is medically necessary.

Prosthetic device

A prosthetic device replaces a portion of a human body part (e.g., cochlear implants and pacemakers).

Provider

A provider is a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), licensed health care professional, or facility that is licensed, certified, or accredited as required by state law.

Routine

If a procedure is classified as “routine,” it may be covered in full. Routine services are based on medical guidelines. For example, an annual mammogram for a woman 40 years or older is considered routine. Additional mammograms would be considered “diagnostic.” If a procedure is classified as a diagnostic, then member copay, coinsurance, and/or deductibles may apply.

For example, if a 20-year-old woman went for a mammogram, it would be considered diagnostic, because this procedure for a woman her age does not meet the recommended medical guidelines.

Specialist

A specialist is a physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, and/or treat certain types of symptoms and conditions.

Subscriber

The person to whom this contract is issued.

True family deductible

If you are on a family medical plan with a true family deductible, the family deductible must be met, regardless of which family members incur the medical expenses, before any services will be processed and paid under the terms of the contract.

Urgent care

Medical care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency department care. Urgent care may be rendered in a (participating) physician’s office or urgent care center.

Travel with confidence

BlueCross BlueShield gives you the freedom of choice with the BlueCard® Program.

How the BlueCard Program takes care of you

Your BlueCross BlueShield member ID card is your direct link to routine, urgent, and emergency care almost anywhere you travel. Just show your membership card to any hospital or doctor participating with a BlueCross and/or BlueShield plan anywhere in the United States or several select foreign countries, and you will receive the same special treatment and benefits you do at home. You can use the card when you are on vacation, when you are traveling for business, or any time you are outside BlueCross BlueShield's service area for any reason. Some services may require prior authorization. Emergency room visits and urgent care are covered. Consult your contract for more information.



BlueCard benefits

- Access to a nationwide network of participating BlueCross and/or BlueShield providers
- Quality benefits no matter where you are
- No claim forms
- No balance billing

Who participates in the BlueCard Program?

With the BlueCard Program, you can locate doctors and hospitals quickly and easily. Get your BlueCross BlueShield member ID card and:

1. Visit **provider.bcbs.com** to locate doctors and hospitals, along with maps and directions to their locations.

OR

2. Call BlueCard Access at **1-800-810-BLUE (2583)** for the names and addresses of doctors and hospitals in the area where you or a covered dependent need care.

When you need urgent care

Non-emergency medical care is called urgent care.

If you have a medical need, it's best to contact your primary doctor first. He or she knows your health history and can recommend the most appropriate plan of action. If your primary doctor is not available, an urgent care center is a practical alternative.

Urgent care centers are convenient and economical alternatives to emergency rooms – especially on weekends or when your doctor's office is closed for the day. No appointments are necessary and there's typically less than a one-hour wait. Many urgent care centers are open 24 hours a day, seven days a week.

If you need urgent care away from home, we recommend you obtain services from a preferred doctor or urgent care center.

For a current listing of urgent care centers that accept BlueCross BlueShield members, please visit bcbswny.com.

For urgent care when traveling outside the United States, call the BlueCard Worldwide Service Center at **1-800-810-BLUE (2583)**.

Urgent care can be used for non-life threatening issues such as:

- Animal or insect bites
- Broken bones
- Bruises
- Cold and flu symptoms
- Cuts
- Ear infections
- Eye injuries
- Minor burns
- Rashes
- Sprains
- Sore throats
- Sudden fevers

Your membership card

With a BlueCross BlueShield membership card in hand, you can easily access all the services and benefits that your plan provides.


FRONT

Subscriber:
01 John Q. Public ①
ID: ZWI 999999999 ①

Members:
02 Jane Public ②
04 James Public ②

Group#: **99999999** ③
RX Group#: **HNRXS** ③
RX Bin: **610014** ③

Plan
PCP/Specialist copay \$20/\$20 ④

No Referral ⑤ 

BACK

www.bcbswny.com

Customer and Provider Service
1-800-544-2583

Mental Health and Chemical Dependency
1-877-837-0814

Health Advocate 24-hour line ⑥
1-800-359-5465

Pharmacy Member Service
1-800-939-3751

In an emergency, please go to the nearest emergency room.

Please submit all claims to the local BlueCross BlueShield plan.

EXPRESS SCRIPTS Pharmacy benefits administrator

- ① Subscriber name and ID number
- ② Additional members
(Dependents of the subscriber)
- ③ Group number, RX Group number, and RX Bin number
- ④ Plan type and cost
- ⑤ Out-of-area coverage
(This may vary by plan)
- ⑥ Helpful numbers to call if you need assistance

Due to plan variability, not all Member ID cards are identical.

We help you choose a primary doctor

For your plan, you are required to select a primary care physician (PCP). Choosing the doctor that best meets your needs can be challenging.

You may select one of the following types of doctors as your primary doctor:

- Family practitioner
- General practitioner
- Internist
- Pediatrician

You and your dependents may each choose a different primary doctor.

For help choosing a doctor, call the customer service number on the back of your member ID card.

For current information about doctors, hospitals, pharmacies, and labs, visit bcbswny.com/findadoctor.

What to do when you change primary doctors

After you select a doctor:



1. Contact your new doctor

Find out if he or she is accepting new patients.



2. Who will I be seeing?

Ask what type of practitioners will provide your care. Doctors often rely on the help of physician assistants and/or nurse practitioners to make sure patients can be seen right away when they are sick.



3. Before your first appointment:

- Call the customer service number on the back of your ID card, or
- Log on to your account at bcbswny.com. Click *Change Doctor* under *Member Summary*.

Your update will take effect the first day of the month following your request. You may not change PCPs more than once in any 30-day period.

What you need to know about authorizations and claims

How to obtain a prior authorization

A prior authorization is an approval from us that your doctor or hospital needs to obtain before they may perform the service. Have your doctor or hospital contact customer service to obtain prior authorization.

The term “claim” applies to both requests for coverage and requests for payment.

Pre-service claims

- Necessary for procedures or treatments that require authorization prior to care being rendered.
- We make a determination regarding your pre-service claim. We then notify you, your representative, and/or your doctor or hospital by telephone and/or in writing within three business days after receiving all necessary information.

Urgent care claims

- Involve life-threatening situations. If the ability to regain maximum function is in question, or if severe pain cannot be adequately managed, urgent care may be required.
- No prior authorization is needed for urgent care or emergency room services.
- We will make a determination on your claim and notify you or your representative by telephone and in writing within 72 hours after we receive your claim.

Concurrent care claims

- Involve continued or extended health care services or additional services during a course of continued treatment for a specific period of time or a specified number of treatments.
- For non-urgent concurrent care claims, we notify you or your designee by telephone and in writing within one business day of receipt of all necessary information.
- For urgent concurrent claims, we notify you or your designee within 24 hours of receipt of your claim.

Post-service claims

- A review involving services that have already been provided.
- Decisions are made within 30 calendar days after receiving all necessary information.

Being admitted to the hospital

- Your doctor or hospital will arrange your admission with us by obtaining a prior authorization and discussing the procedure and length of your stay.

How we determine if a new treatment or drug is covered

To continue to provide you with the most up-to-date treatment methods, we continually monitor new technology and methods, and new drugs. A team of medical experts then uses this information to update covered benefits. Decisions to not cover new treatments or drugs may change as new scientific literature supporting safe and effective outcomes is documented. In these cases, decisions are re-evaluated as new information becomes available.

Changes to your coverage

BlueCross BlueShield offers you opportunities to enroll additional members to your policy or make other contract changes at times other than the regular open enrollment periods. These off-cycle contract changes may only be processed for “qualifying events,” which include:

- Marriage
- Birth
- Adoption of a child (requires legal documentation)
- Legal guardianship (requires legal documentation)
- Divorce
- Death
- National support notice (requires legal documentation)
- Involuntary loss of coverage (requires proof of loss of coverage)

When your status changes, an Enrollment Application Form must be completed and submitted promptly to BlueCross BlueShield within 30 days of the qualifying event. Status changes may include:

- Name change
- Changing to COBRA
- Address change*
- Adding a dependent
- Removing a dependent
- Changing to Medicare coverage
- Retirement

* You can change your address by calling the customer service number on the back of your member ID card.

Consult your contract for more information.

Timeline for subscriber changes

Policies purchased through your employer

Prior to the “qualifying event” and up to 30 days after the event	The change will be added to your coverage as of the date of the event
More than 30 days after the “qualifying event”	The change will be processed to be effective on the first of the month following the date the notification is received

The ins and outs of the certificate of creditable coverage

If, for any reason, you lose coverage under a BlueCross BlueShield plan or otherwise become entitled to elect COBRA continuation coverage, or when COBRA continuation coverage ceases, you will automatically receive a certificate (or statement) of creditable coverage that affirms your prior health coverage.

You may also request a certificate, free of charge, up to 24 months after the time your coverage ended. You may also request a certificate even before your coverage ends. To order a certificate of creditable coverage, call customer service at the number on your member ID card.

Coverage limitations

Some limitations to this health plan are outlined below. Please note that your coverage may be different based on your specific plan design. Consult your contract for a complete list of benefits.

- Admission to a hospital before you become covered under this contract
- Government hospitals
- No-fault automobile insurance
- Workers' compensation
- Free care
- Government programs
- Blood supply (unless part of inpatient hospital care)
- Dental care
- Military service-related disabilities
- Routine foot care
- Non-covered physical examinations
- Non-covered benefits
- Artificial means to induce pregnancy (including, but not limited to in vitro fertilization and embryo transfer, except artificial insemination)
- Methadone maintenance
- Reversal of elective sterilization
- Cosmetic surgery

Women's health

The importance of regular mammograms

Breast cancer is the second most common cancer among women. Mammography screenings do save lives. Preventive health services like mammographies increase the likelihood of identifying abnormalities so they can be treated early, which results in more positive outcomes. The Centers for Disease Control and Prevention (CDC) recommends women have mammograms as follows:

- Between 40 and 49 years of age: every 1-2 years
- Between 50 and 64 years of age: annually
- After age 65: as recommended by your physician

Most health plan benefits include routine mammogram screening, which is generally covered in full. To make sure this benefit is included in your health coverage, call the customer service number on the back of your member ID card.

Your health and your rights

Did you know that the Women's Health and Cancer Rights Act of 1998 requires health plans that cover mastectomies to also cover breast reconstruction and prostheses? Under this law, BlueCross BlueShield provides coverage to all members for the following services in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas

We encourage you to discuss treatment options with your physician and to refer to your contract for details about coverage for breast reconstruction. This coverage is subject to the deductibles, coinsurance, and copayments of your contract.

The breast-feeding law and you

To promote breast-feeding in the state of New York, the state legislature has enacted into law the Breastfeeding Mothers' Bill of Rights, which applies to all maternal health care providers and facilities, effective May 1, 2010. The Breastfeeding Mothers' Bill of Rights is intended to inform new mothers about the benefits of breast-feeding and have health care providers and maternal health care facilities encourage and support breast-feeding. To learn more about this law and your options, please visit the state's website at:

health.ny.gov/community/pregnancy/breastfeeding.

Hospital stays for new mothers

Except for prenatal complications, we cover inpatient hospital maternity care for covered mothers and newborns. The duration of care is a minimum 48 hours for vaginal delivery and at least 96 hours for Cesarean section delivery. We also cover any additional days of care we deem medically necessary.

It's all about your network

The BlueCross BlueShield brand is the most recognized health care brand in the world, accepted by doctors and hospitals in more than 200 countries. In the United States alone, you have access to high-quality health care services from over 1,000,000 doctors and nearly 5,700 hospitals.

Looking for a participating doctor or hospital? It's a call or click away.

You can search for a participating doctor or hospital on our website, at bcbswny.com/findadoctor. You can also call customer service using the number on the back of your member ID card. Remember, to keep out-of-pocket expenses at a minimum, you should seek care from a participating hospital or doctor.

Terms you should be familiar with

Allowed amount

An allowed amount is the maximum amount on which our payment is based for covered services. If your non-participating provider charges more than the allowed amount, you will have to pay the difference between the allowed amount and the provider's charge, in addition to any cost-sharing requirements.

Coinsurance

Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service that you are required to pay to a provider.

Copayment

A copayment is a fixed amount you pay directly to a provider for a covered service when you receive the service. The amount can vary by the type of covered service.

Deductible

A deductible is the amount you owe before we begin to pay for covered services. The deductible applies before any coinsurance or copayments are applied. The deductible may not apply to all covered services. You may also have a deductible that applies to a specific covered service (e.g., a prescription drug deductible) that you owe before we begin to pay for a particular covered service.

Keep your doctors informed

In today's world of high-tech medicine and specialty care and services, communication among doctors is an essential ingredient in the provision of safe and coordinated medical care.

Communication can help:

- Your doctors make safe and appropriate decisions and recommendations based on your medical history and current diagnoses and treatments.
- Assure coordination of all your health care needs, especially in an emergency.
- Prevent duplication of services.
- Decrease costs.



What you can do to promote communication

- Update your medical information (diagnoses, treatments, and all prescribed medications, over-the-counter medications, and dietary supplements) every time you visit your doctor.
- Speak to all your doctors to ensure that information is shared for continuity and coordination of care.
- When receiving inpatient, urgent, or emergency care services, provide an accurate list of all doctors involved in your care. If you have established a relationship with a primary care doctor, make sure the facility has that individual's name. Request that hospital, emergency room, and urgent care summaries are forwarded to your doctors.
- Make it known that you want those providing care to you to communicate with one another. When receiving care or services, ask that diagnostic and screening tests be shared with other doctors currently involved in your care.

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) or Individual Rights (e.g., member access, accounting of disclosures, confidential communications). A copy of the Notice of Privacy Practices is included in our initial enrollment package and is available at bcbswny.com or by calling the customer service number on the back of your member ID 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, or when releasing sensitive information (e.g., HIV/AIDS, alcohol/substance abuse).

Access to medical records

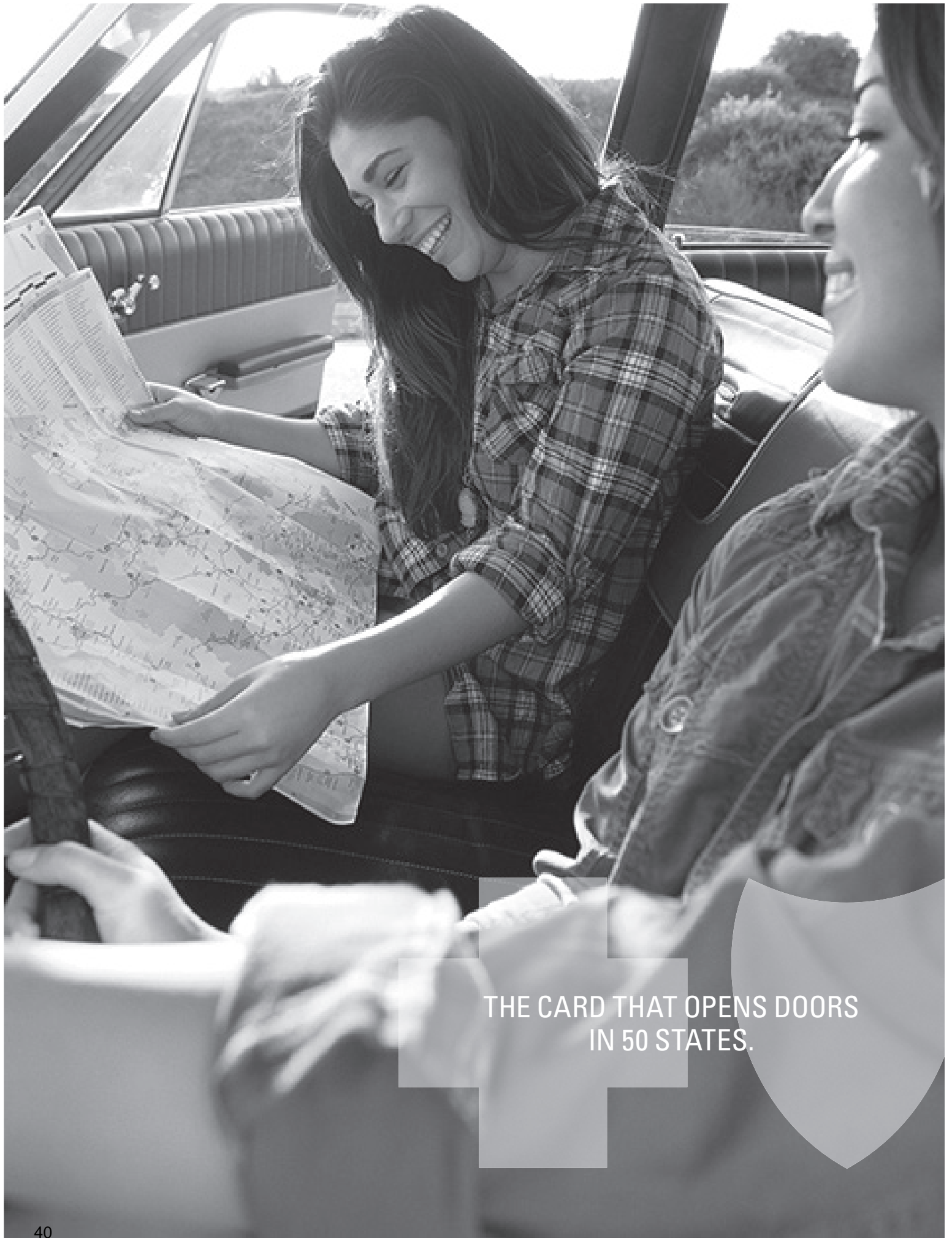
BlueCross BlueShield does not generate, modify, or maintain complete copies of your medical records. We receive copies of your medical records in order to process claims and perform other routine functions in the normal course of business. If you want to obtain copies of your medical records, you should 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 are allowable disclosures under certain law.



THE CARD THAT OPENS DOORS
IN 50 STATES.

Notice of Nondiscrimination



BlueCross BlueShield of Western New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BlueCross BlueShield of Western New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BlueCross BlueShield of Western New York:

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

If you need these services, please call the customer service number on the back of your ID card or contact the Director, Corporate Compliance and Privacy Officer.

If you believe that BlueCross BlueShield of Western New York 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:

Director, Corporate Compliance and Privacy Officer, 257 West Genesee Street, Buffalo, NY 14202, 1-800-798-1453, (716) 887-6056 (fax), complaint.compliance@bcbswny.com. You can file a grievance in person or by mail, fax, or email. 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, 1-800-368-1019, 1-800-537-7697 (TDD).

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

Notice of Nondiscrimination



For assistance in English, call customer service at the number listed on your ID card.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে তালিকাভুক্ত নম্বরে ক্রেতা পরিষেবায় ফোন করুন।

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لئے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.

How to contact us

Select from the following options if you need any type of assistance with your health care benefits.



bcbswny.com

- Find/change a doctor
- Find a pharmacy
- Track the status of claims
- Request an ID card
- Contact us through online chat or email



Customer Service

For policies purchased through your employer and/or directly through us:
Monday - Friday 8 a.m. to 7 p.m. EST
Toll-free: 1-800-544-BLUE (2583); TTY line: 711
Local: (716) 887-8840

For policies purchased through NY State of Health:

Monday - Friday 8 a.m. to 8 p.m. EST
Toll-free: 1-855-344-3425 TTY: 711



Claims and Correspondence mailing address

BlueCross BlueShield
of Western New York
PO Box 80
Buffalo, NY 14240-0080

Non-English translation

We provide translation for more than 130 languages through our Language Line Translator Service, which can be reached by calling the customer service number on the back of your member ID card.

Additional resources

Mental Health and Substance Abuse

1-877-837-0814

A clinician can assist you with determining the most appropriate type of doctor or facility for the services that you need, and can also arrange for treatment.

National Pharmacy Network

1-800-939-3751

A representative can answer questions about your prescription medications, mail-order services, or on locating a participating pharmacy.

Personal health advocate

Call the customer service number on the back of your member ID card

This is a personal health care coaching and patient advocacy service you can call any time you need help navigating the health care system.



The full Summary Plan Description includes this Benefit Program SPD and the wrap-around summary plan description ("Wrap SPD). The Wrap-SPD may be accessed [here](#). Alternatively, to request a hardcopy or an electronic copy please contact the OxyLink Employee Service Center (OxyLink) by [email](#) or call 1-800-699-6903 (inside US) and 1-918-610-1990 (outside US).