

«WNY Market Logo»

«Date»

«First Name» «Last Name»  
«Address Line 1»  
«Address Line 2»  
«City», «State» «ZIP code»

**Plan name:** HMO 067

## Notice of NYSHIP 2021 benefits

### Why you are receiving this

The enclosed Benefit Summary and Benefit Changes documents contain your 2021 plan information.

### What you need to know

We appreciate you selecting us to be your choice of coverage.

#### **You and your family members are covered anywhere you go**

- Worldwide emergency care coverage
- Away From Home Care® provides in-network medical care for children away at college and family members on extended trips

#### **Valuable information 24/7 at [bcbswny.com/member](https://bcbswny.com/member)**

- View drug lists, search for providers, and access your plan news
- Use our chat feature to ask questions about your benefits

#### **Healthy value-added services**

- \$10 primary doctor; \$18 specialist; \$25 urgent care visits
- \$0 Telemedicine visits
- \$0 copay preventive Rx drug list with 600+ medications
- Primary care visits for your children under 19 are covered in full
- \$500 single / \$600 Family wellness card allowance

Your eligibility guidelines may be different from the guidelines listed in the contract. Please refer to your NYSHIP General Information Book or visit the State Department of Civil Service's website at [cs.ny.gov](https://cs.ny.gov).

### What you need to do

**Questions? Visit [bcbswny.com/nyship](https://bcbswny.com/nyship) or call us at:**  
1-877-576-6440 (TTY 711) • Monday – Friday, 8 a.m. to 7 p.m.

