

BlueCross BlueShield of Western New York - Commercial

Character count: 4229 out of 4250

Commercial

Office Visits	\$10 per visit ¹
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$18 per visit

Diagnostic/Therapeutic Services

Radiology	\$18 per visit
Lab Tests	No copayment ²
Pathology	No copayment
EKG/EEG	\$18 per visit
Radiation	\$18 per visit
Chemotherapy	\$18 per visit
Dialysis	No copayment

Women's Health Care/Reproductive Health

Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$10 for initial visit only ³
Postnatal Visits	\$18 per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment ⁴
External Mastectomy Prosthesis	No copayment, one per breast per year

Family Planning Services	\$18 per visit
Infertility Services ⁵	\$18 per visit
Contraceptive Drugs	No copayment ⁶
Contraceptive Devices	No copayment ⁶
Inpatient Hospital Surgery	No copayment
Physician	
Facility	
Outpatient Surgery	
Hospital	\$100 per visit
Physician's Office	\$18 per visit
Outpatient Surgery Facility	\$100 per visit
Emergency Department	\$100 per visit (waived if admitted)
Urgent Care Facility ⁷	\$25 per visit
Ambulance	\$100 per trip
Telemedicine	No copayment
Outpatient Mental Health	
Individual	\$10 per visit, unlimited
Group	\$10 per visit, unlimited
Inpatient Mental Health	No copayment, unlimited
Outpatient Drug/Alcohol Rehab	\$18 per visit, unlimited
Inpatient Drug/Alcohol Rehab	No copayment, unlimited
Durable Medical Equipment	50% coinsurance

Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment, 45 days max
Outpatient Physical or Occupational Therapy ⁸	\$18 per visit, 20 visits max
Outpatient Speech Therapy ⁸	\$18 per visit, 20 visits max
Diabetic Supplies	\$10 per item
Retail	
Mail Order	
Insulin and Oral Agents	\$10 per item
Retail	
Mail Order	
Diabetic Shoes	Not covered
Weight Loss/Bariatric Surgery	\$100 Copayment
Hospice	No copayment, 210 days max per year
Skilled Nursing Facility	No copayment, 50 days max per plan year
Prescription Drugs	
Retail	\$5 Tier 1, \$30 Tier 2, \$60 Tier 3, 30-day supply
Mail Order	\$12.50 Tier 1, \$75 Tier 2, \$150 Tier 3, 90-day supply
Additional Prescription Drug Related Information	May require prior approval. Over 900 \$0 preventive drugs available.
Specialty Drugs	Available through mail order at the applicable copayment.
Additional Benefits	

Annual Out-of-Pocket Maximum (In-Network Benefits) \$3,000 Individual, \$6,000 Family per year

Dental Not covered

Vision Discounts available⁹

Hearing Aids¹⁰ Plan covers up to two TruHearing Flyte hearing aids every year (one per ear per year).

Out of Area Worldwide coverage for emergency care through the BlueCard Program. Away From Home Care (AFHC) allows you to obtain coverage through a nearby Blue HMO when you are away from home and our service area.

Additional Benefits HMOs (as applicable)

Artificial Insemination & In Vitro Fertilization 20% coinsurance , three treatment rounds of IVF per lifetime max, other artificial means to induce pregnancy (embryo transfer, etc.) are not covered

Wellness Services \$500 Single/\$600 Family Wellness Card allowance for use at participating facilities

Plan Highlights for 2021 Wellness allowances may be used for, but not limited to, acupuncture, massage therapy, chiropractic visits, and health food stores. Visit www.bcbswny.com for information on discounts and wellness programs. Members can enroll in a \$0 Diabetic Management Program through Livongo. New enhanced vision discounts. Away From Home Care for dependents living outside of Western New York. Over 900 \$0 preventive drugs available and no copayment for pediatric PCP visits, age 19 and under.

Participating Physicians You have access to 11,000+ physicians/healthcare professionals.

Affiliated Hospitals You may receive care at all Western New York hospitals and other hospitals if medically necessary.

Pharmacies and Prescriptions

Our network includes 45,000 participating pharmacies. Prescriptions filled up to 30-day supply.

HealthNow New York Inc.
dba BlueCross BlueShield of Western New York
and BlueShield of Northeastern New York
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We offer an incented formulary.

Medicare Coverage

Medicare-primary enrollees are required to enroll in Senior Blue HMO, our Medicare Advantage Plan. To qualify, you must enroll in Medicare Parts A & B and live in the service area.

Plan Mailing Address

Name: BlueCross BlueShield of Western New York

Address: P.O. Box 80

Address:

City: Buffalo

State: NY

Zip: 14240-0080

Additional Addresses

Information Numbers

BlueCross BlueShield of Western New York: 1-877-576-6440

TTY: 711

Website

www.bcbswny.com/NYSHIP

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 067

A IPA HMO serving individuals living or working in the following select counties:

Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming

Comments for DCS

Footnotes:

1.

<p>\$0 copayment for primary care visits for children age 19 and under</p>
2. For services at a standalone Quest lab or outpatient hospital that participates as a Quest Diagnostics hospital draw site. Lab services performed in conjunction with outpatient surgery or an emergency department visit also paid in full.
3. One-time \$10 copayment to confirm pregnancy. No copayment for inpatient maternity care or gestational diabetes screenings.
4.

<p>\$170 allowance towards the purchase of one manual or electric breast pump at a participating provider per pregnancy; you pay the difference for an upgraded model. Rental only for a hospital grade pump, covered for the duration of breastfeeding. </p>
5. For services to diagnose and treat infertility. See "Additional Benefits" for artificial insemination.
6. No copayment for contraceptive drugs and devices unless a generic equivalent is available, in which case you are subject to a \$30 (Tier 2) or \$60 (Tier 3) copayment. A mail-order supply costs 2.5 times the applicable copayment.
7. Urgent Care is covered outside of our eight-county service area of Western New York.
8. Twenty visits in aggregate for physical therapy, occupational therapy and speech therapy.
9.

<p>Call 1-800-999-5431 for discount information.</p>
10.

<p>If you do not use TruHearing, your benefit is subject to 50% coinsurance. TruHearing may be reached at 1-800-334-1807.</p>

Plan Mailing Address

Name

BlueCross BlueShield of Western New York

Address

P.O. Box 80

City

Buffalo

State

NY

Zip

14240-0080

Additional Addresses

ADD ADDRESS

Information Numbers

BlueCross BlueShield of Western New York

1-877-576-6440



TTY

711



Website

www.bcbswny.com/NYSHIP

The service areas selected below have been carried over from last year's submission. Please ensure that any service area changes for the upcoming plan year have been approved by NYSHIP before you make updates.

NYSHIP Code number 067

A IPA HMO serving individuals living or working in the following select counties:

Albany

Allegany

Bronx

Broome

Cattaraugus

Cayuga

Chautauqua

Chemung

Chenango

Clinton

Columbia

Cortland

<input type="checkbox"/> Cortland
<input type="checkbox"/> Delaware
<input type="checkbox"/> Dutchess
<input checked="" type="checkbox"/> Erie
<input type="checkbox"/> Essex
<input type="checkbox"/> Franklin
<input type="checkbox"/> Fulton
<input checked="" type="checkbox"/> Genesee
<input type="checkbox"/> Greene
<input type="checkbox"/> Hamilton
<input type="checkbox"/> Herkimer
<input type="checkbox"/> Jefferson
<input type="checkbox"/> Kings
<input type="checkbox"/> Lewis
<input type="checkbox"/> Livingston
<input type="checkbox"/> Madison
<input type="checkbox"/> Monroe
<input type="checkbox"/> Montgomery
<input type="checkbox"/> Nassau

<input type="checkbox"/> New York
<input checked="" type="checkbox"/> Niagara
<input type="checkbox"/> Oneida
<input type="checkbox"/> Onondaga
<input type="checkbox"/> Ontario
<input type="checkbox"/> Orange
<input checked="" type="checkbox"/> Orleans
<input type="checkbox"/> Oswego
<input type="checkbox"/> Otsego
<input type="checkbox"/> Putnam
<input type="checkbox"/> Queens
<input type="checkbox"/> Rensselaer
<input type="checkbox"/> Richmond
<input type="checkbox"/> Rockland
<input type="checkbox"/> Saratoga
<input type="checkbox"/> Schenectady
<input type="checkbox"/> Schoharie
<input type="checkbox"/> Schuyler

- Seneca
- St. Lawrence
- Steuben
- Suffolk
- Sullivan
- Tioga
- Tompkins
- Ulster
- Warren
- Washington
- Wayne
- Westchester
- Wyoming
- Yates

Comments for DCS

Comments

SAVE

HMO Contact Info

Please make sure this information is complete and accurate.

Name

Address

City

State

Zip

Phone

Fax

Email

SAVE CONTACT