

**BlueCross BlueShield of Western New York (BCBSWNY) and BlueShield of Northeastern New York (BSNENY)**

**Certificate/Group Contract/Rider and/or Amendment Summary**

| Document Name                     | Document Number                 | Status                    | Applicable Plan    | Brief Summary of Purpose                    |
|-----------------------------------|---------------------------------|---------------------------|--------------------|---|
| Group HMO Certificate of Coverage | CH1C4N0566_NYSHIP               | Draft – Awaiting Approval | Commercial HMO     | Base Certificate of Coverage                |
| Group HMO Schedule of Benefits    | NYSHIP                          | Draft – Awaiting Approval | Commercial HMO     | Schedule of Benefits                        |
| NYSHIP Eligibility Rider          | BH1R4N0321_0418                 | Approved-Final            | Commercial HMO     | Rider to amend NYSHIP Eligibility           |
| NYSHIP Family Planning Rider      | CH1C4N0566_0419_Family Planning | Approved - Final          | Commercial HMO     | Rider to allow coverage for Family Planning |
| Medicare Evidence of Coverage     | Y0086_EG157 Accepted            | Approved-Final            | Medicare Advantage | Senior Blue HMO 699                         |