

BlueCross & BlueShield Traditional Health Plan

The BlueCross BlueShield (BCBS) Traditional Plan is widely recognized as one of, if not *the* best, health insurance plan available.

With the BCBS Traditional Plan you have peace of mind knowing your health plan provides excellent benefits with access to care when and where you need it.

- BlueCross BlueShield (BCBS) is the most recognized health care brand in the world.
- Over 85% of all doctors and hospitals in the U.S. participate with BCBS Association plans including over 660,000 providers and 6,100 hospitals.
- Outside the U.S., BCBS is accepted by doctors and hospitals in more than 200 countries.

BCBS Traditional is an indemnity plan that is easy to use and provides you with the most freedom of choice.

- There is no need to select a primary care physician and referrals are not required.
- You can seek care from any provider; however, benefits are maximized when BCBS participating providers are used.

The BCBS Traditional Plan is not inexpensive, but that does not mean that it does not represent a value when it is carefully compared to the total cost of other high quality health insurance plans.

- The BCBS Traditional Plan deductible is lower than the 2007 national averages for health plans covering most workers in the U.S.
- Many hospital and medical services that typically require additional copayments (e.g. facility inpatient, diagnostic x-rays, MRI, emergency room) are “covered in full” under the Traditional Plan.
- Unlike most other plans, Traditional Plan does not have additional copayments for various services and prescription drugs. Once the annual deductible of \$500 (\$1,000 / family) is satisfied, the member pays 20% coinsurance up to an out-of-pocket maximum of \$500 (\$1,000 / family). After that, the plan pays 100% – including the cost of all prescription drugs. And when a BCBS provider is used, there is never any exposure to balance billing.



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.bcbswny.com or by calling 1-888-249-2583.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	None.	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	Yes. \$100 person/\$200 family for Major Medical services. Does not apply to Skilled Nursing Facilities \$0 Inpatient Facility	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For Major Medical services \$500 person/\$1000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, deductibles, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits
Does this plan use a network of providers ?	Yes. See www.bcbswny.com for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Out of Area Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% co-insurance	20% co-insurance	
	Specialist visit	20% co-insurance	20% co-insurance	
	Other practitioner office visit	20% co-insurance chiropractor	20% co-insurance for chiropractor	
	Preventive care/screening/immunization	No charge for flu vaccination and mammograms	Not covered except for specific care such as mammograms and flu vaccinations.	Additional preventive services may apply.
If you have a test	Diagnostic test (x-ray, blood work)	No charge for x-ray. No charge up to \$100 for blood work, then 20% co-insurance.	10% co-insurance for in area; 0% co-insurance for out of area.	Charges from non-participating in area facilities, such as hospitals and urgent care centers, are not covered.

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BlueCross BlueShield of WNY: Traditional Blue 901

Coverage Period: 10/01/2013 - 9/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Single/Family | Plan Type: Indemnity

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Out of Area Non-Participating Provider	Limitations & Exceptions
	Imaging (CT/PET scans, MRIs)	No charge	MRI/PET scans are not covered in area; 0% co-insurance for out of area.	Charges from non-participating in area facilities, such as hospitals and urgent care centers, are not covered.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbswny.com .	Generic drugs	20% co-insurance	Not covered	Some generic drugs may be subject to non-preferred brand cost share.
	Preferred brand drugs	20% co-insurance	Not covered	
	Non-preferred brand drugs	20% co-insurance	Not covered	
	Specialty drugs	See Limitations & Exceptions	Not covered	Specialty drugs could be generic, preferred brand, or non-preferred brand. Please visit our website for a copy of our medication guide.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	0% co-insurance for out of area.	Charges from in area non-participating providers are not covered.
	Physician/surgeon fees	No charge	10%co-insurance for in area; 0% co-insurance for out of area.	
If you need immediate medical attention	Emergency room services	No charge for facility; 20% co-insurance for physician.	No charge for facility; 20% co-insurance for physician.	
	Emergency medical transportation	20% co-insurance	20% co-insurance	
	Urgent care	No Charge	0% co-insurance for out of area.	Charges from in area non-participating providers are not covered.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	0% co-insurance for out of area	Charges from in area non-participating providers are not covered.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Single/Family | Plan Type: Indemnity

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Out of Area Non-Participating Provider	Limitations & Exceptions
	Physician/surgeon fee	No Charge	10% co-insurance for in-area; 0% co-insurance for out of area	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charge	10% co-insurance for in-area, 0% co-insurance for out of area	Facility charges from in area non-participating providers are not covered.
	Mental/Behavioral health inpatient services	No Charge	0% co-insurance for out of area	Facility charges from in area non-participating providers are not covered.
	Substance use disorder outpatient services	No Charge	10% co-insurance for in-area; 0% co-insurance for out of area	Facility charges from in area non-participating providers are not covered.
	Substance use disorder inpatient services	No Charge	0% co-insurance for out of area	Facility charges from in area non-participating providers are not covered.
If you are pregnant	Prenatal and postnatal care	No Charge	10% co-insurance for in area; 0% co-insurance for out of area.	Co-insurance applies only to initial visit to determine pregnancy
	Delivery and all inpatient services	No Charge	10% co-insurance for in area; 0% co-insurance for out of area	Facility charges from in area non-participating providers are not covered.

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BlueCross BlueShield of WNY: Traditional Blue 901

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Single/Family | Plan Type: Indemnity

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Out of Area Non-Participating Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No Charge	0% co-insurance for out of area; not covered in area.	
	Rehabilitation services	20% co-insurance	20% co-insurance	
	Habilitation services	20% co-insurance	20% co-insurance	
	Skilled nursing care	20% co-insurance	20% co-insurance	
	Durable medical equipment	20% co-insurance	20% co-insurance	
	Hospice service	No Charge	0% co-insurance for out of area; not covered in area.	
If your child needs dental or eye care	Eye exam	No charge for routine; 20% coinsurance for medical	Not covered for routine; 20% co-insurance for medical	
	Glasses	Not Covered	Not Covered	
	Dental check-up	See limitations and exceptions	See limitations and exceptions	Contact your group administrator for coverage details.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Acupuncture Custodial care Dental care 	<ul style="list-style-type: none"> Hearing aids Long-term care 	<ul style="list-style-type: none"> Routine foot care Weight Loss programs

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Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Infertility treatment
- Routine eye care
- Chiropractic care
- Private-duty nursing

This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-249-2583. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: 1-888-249-2583.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-249-2583.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-249-2583.

Chinese (中文): 如果需要中文的帮助, 请打☐个号☐ 1-888-249-2583.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-249-2583.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7540
- Plan pays \$5472
- Patient pays \$2068

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7540

Patient pays:

Deductibles	\$500
Copays	\$10
Coinsurance	\$1408
Limits or exclusions	\$150
Total	\$2068

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5400
- Plan pays \$3560
- Patient pays \$1840

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5400

Patient pays:

Deductibles	\$500
Copays	\$280
Coinsurance	\$980
Limits or exclusions	\$80
Total	\$1840

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

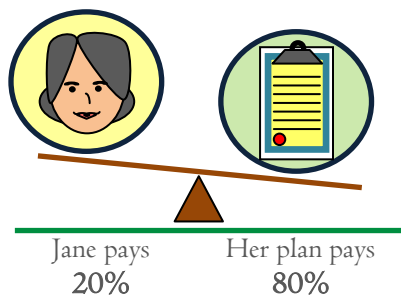
A request for your health insurer or **plan** to review a decision or a **grievance** again.

Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



Complications of Pregnancy

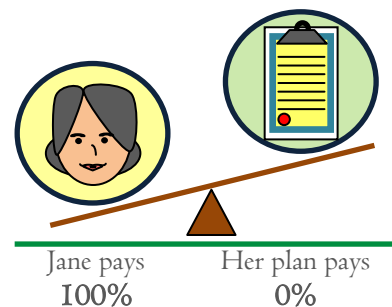
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

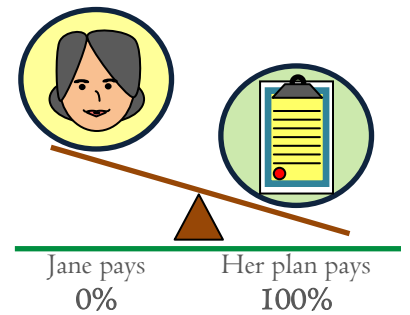
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health



insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

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

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

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 room care**.

How You and Your Insurer Share Costs - Example

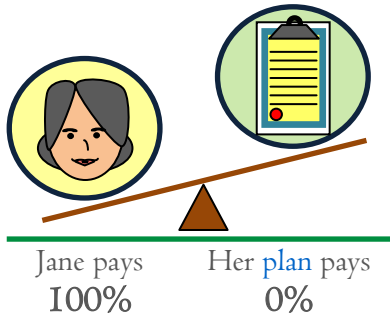
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1st
Beginning of Coverage
Period

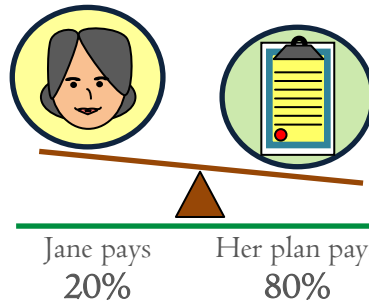
December 31st
End of Coverage Period



Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.
Office visit costs: \$125
Jane pays: \$125
Her plan pays: \$0

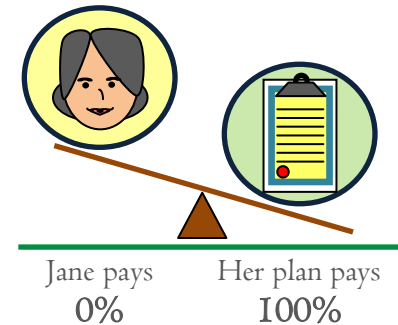
more costs



Jane reaches her \$1,500 deductible, co-insurance begins

Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.
Office visit costs: \$75
Jane pays: 20% of \$75 = \$15
Her plan pays: 80% of \$75 = \$60

more costs



Jane reaches her \$5,000 out-of-pocket limit

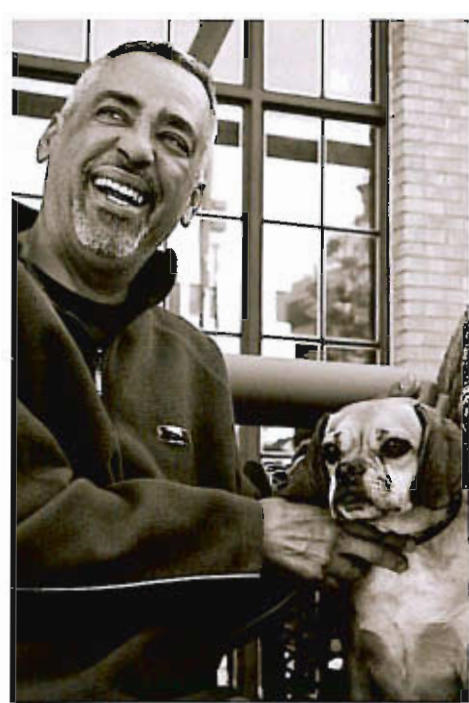
Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: \$200
Jane pays: \$0
Her plan pays: \$200

Find a Provider

Please visit our website at bcbswny.com

- On our home page, please select the “help me find” tab located at the top of the page.
 - Next, select the “Find a Doctor” tab.
 - Click on “Local Provider Search”.
 - A new page will open and on this page, you will be asked a series of questions to help narrow down your search.
1. **My health plan coverage is...** Please select your network from the drop down box. Should you need assistance in determining what network corresponds with your plan, please click on the question mark next to the number 1.
 2. **I am looking for a...** Please select the type of provider search you would like to perform.
 3. **I want to search for providers by...** Please select how you would like to search, you may want to experiment with this option as your results will vary based on the method selected.
 4. **Click “Continue” to proceed with the search.**
 5. **Choose from these provider specialties.** Please select the type of specialty you are searching for.
 6. **Select additional criteria to narrow your search.** You may leave these options in the default mode or choose which of the criteria meets your need.
 7. **Choose to:** Please click on search. Your results will generate based on the criteria you have you have entered.
- To obtain additional information on a specific provider, click on the provider’s name. The information provided will include a provider number, gender, languages spoken, group affiliation & practice availability.
 - To obtain a map or driving directions, please click on link which will be found on the individual provider’s informational page.
 - To print your search results, click on the “Printer Friendly” icon at the top of the page on the right hand side.

We're more than a plan...



At BlueCross BlueShield of Western New York, we're more than a health plan. We're a partner – there for you and your family not just when you're sick, but when you're healthy too. That's because we believe true health isn't just measured at a doctor's office – it's measured by how many games of catch you can play with your kids, by your laugh lines, and by how much you can squeeze out of each and every moment life has to offer.

healthy changes everything.™



Why BlueCross BlueShield is the right choice

Most recognized name in health insurance

BlueCross BlueShield is the most recognized health insurance name in the world with nearly one in three Americans covered by a Blue plan.

World-wide coverage

BlueCross BlueShield provides members with access to doctors and hospitals throughout the United States. Outside of the United States, BlueCross BlueShield is accepted by doctors and hospitals in more than 200 countries.

Award-winning health and wellness programs

With online tools, seminars and worksite wellness programs, we can help you live a healthier life through nutrition, weight management, stress management and physical fitness programs. We also have programs to manage chronic conditions such as asthma, diabetes, and heart disease.



Call 1-800-544-2583
Monday – Friday
8:00 a.m. – 7:00 p.m.



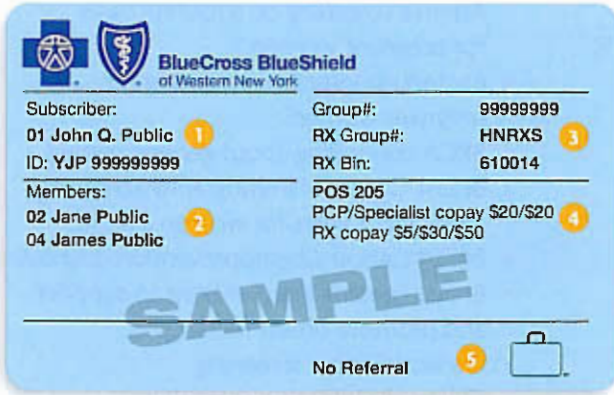
www.bcbswny.com



Your membership card

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

FRONT



BACK



1 Subscriber Name and ID Number

2 Additional Members
(Dependents of the subscriber)

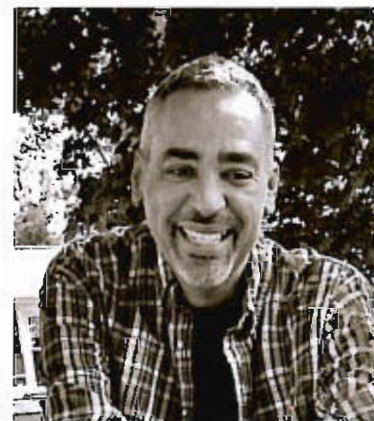
3 Group Number, RX Group Number
and RX Bin Number

4 Product 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.



\$0 copay preventive services with your plan

Covered preventive services for adults

- Abdominal Aortic Aneurysm for adults over 50†
- Alcohol Misuse screening and counseling
- Aspirin use for men (age 45-79) and women (age 55-79)*
- Blood Pressure screening
- Cholesterol screening for adults of certain ages
- Colorectal Cancer screening (colonoscopy, sigmoidoscopy, fecal occult exam) for adults over 50†
- Depression screening
- Type 2 Diabetes screening for adults over 19
- Diet counseling
- HIV screening
- Immunization vaccines – doses, recommended ages, and recommended populations vary:
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria, Pertussis
 - Varicella
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling
- Tobacco Use screening
- Syphilis screening

Covered preventive services for women, including pregnant women

- Anemia screening on a routine basis for pregnant women
- Bacteriuria infection screening for pregnant women
- BRCA counseling about genetic testing
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40†
- Breast Cancer Chemoprevention counseling
- Breast Feeding interventions to support and promote breast feeding
- Cervical Cancer screening
- Chlamydia Infection screening
- Folic Acid supplements for women, up to age 63, who may become pregnant*
- Gonorrhea screening
- Hepatitis B screening
- Osteoporosis screening for women over 60†
- Rh Incompatibility screening for all pregnant women
- Tobacco Use screening for all women, and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women

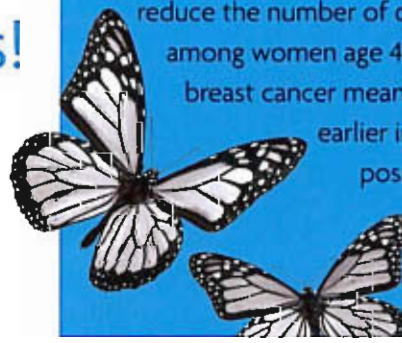
Covered preventive services for children

- Alcohol and Drug Use assessments for adolescents
- Autism screening for children at 18 and 24 months

Prevention pays!

Mammography Screenings

Studies show that screening mammography can help reduce the number of deaths from breast cancer among women age 40 to 74. Early detection of breast cancer means that treatment can be started earlier in the course of the disease, possibly before it has spread.



www.cancer.gov

- Behavioral assessments
- Cervical Dysplasia screening for sexually active females
- 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
- Fluoride Chemoprevention supplements for children 6 months to 5 years old without fluoride in their water source*
- Gonorrhea preventive medication for the 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
- HIV screening
- Immunization vaccines – doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis
 - Haemophilus Influenzae Type B
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Inactivated Poliovirus
 - Influenza
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal

- Rotavirus
- Varicella
- Iron supplements for children ages 6 to 12 months at risk for anemia*
- 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 this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling for adolescents
- Tuberculin testing for children at higher risk of Tuberculosis
- Vision screening[†]

Additional services covered in full

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

For details on any of these preventive services, please call 1-800-544-2583.

* Prescription required.

† For members enrolled in a commercial, direct pay, Healthy NY or ASO plan, please be aware that some of these services may have a copay or may only be covered in certain age ranges. For more information, please refer to your plan documents or contact our customer service department.



Colorectal Cancer Screenings

At least 6 of every 10 deaths from colon cancer could be prevented if every adult 50 years or older had regular testing.

www.cdc.gov

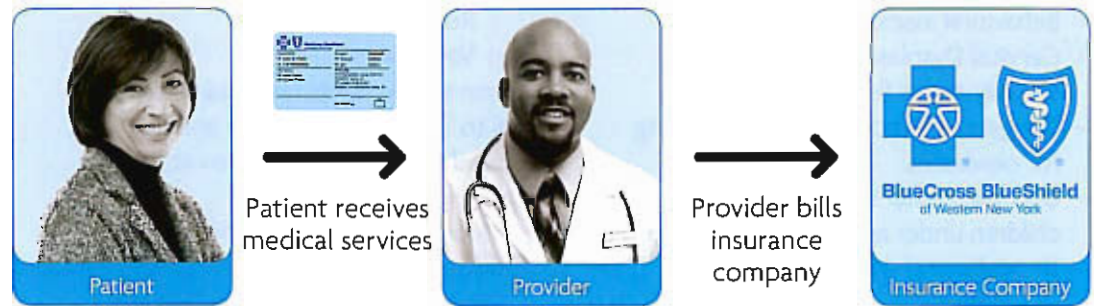
Blood Pressure Screenings

Getting your blood pressure checked is important because about 1 of 3 adults in the United States has high blood pressure which increases the risk for heart disease and stroke, the first and third leading cause of death in the United States.

www.cdc.gov

How your claims get paid...

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



BlueCross BlueShield processes the claim according to the patient's contract and calculates payment responsibilities for the patient and the insurer. An Explanation of Benefits is sent to the patient.

EXPLANATION OF BENEFITS

Patient Name: Susie Q. Smith Provider's Name: Dr. Doe
 Claim No: 00000000 Address: 1212 Main Street
 Identification No: 00000000 Anywhere, USA
 Group No: 00555555
 Claim Received: 10/12/2009
 Statement Date: 10/17/2009 Medical Record No: 00000000

A		B	C	D	E			F	G	H	I
Service Dates From	To	Description of Services	Amount Billed	Contract Allowance	Patient Responsibility			Amount Paid	Ex Code		
					Deductible	Coinsurance	Other				
10/12/09	10/12/09	Office Visit	150.00	100.00	100.00	0.00	0.00	0.00			
Claim Total			150.00	100.00	100.00	0.00	0.00	0.00			

Definition of Ex Code(s):

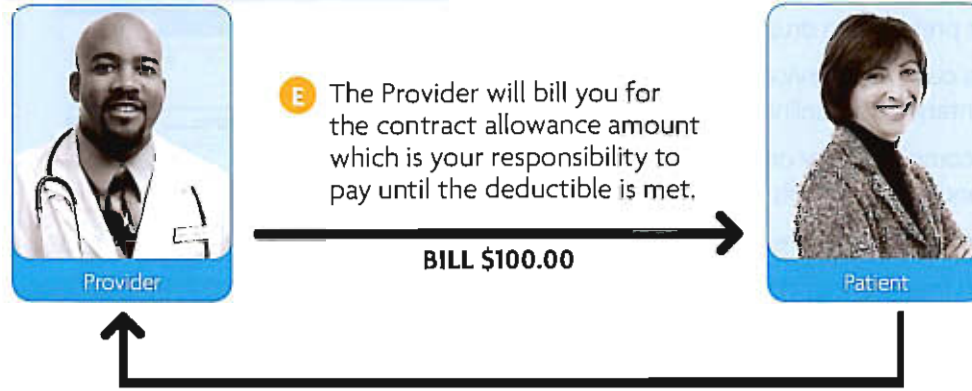
An Explanation of Benefits is a summary of provider charges, contract allowances and patient responsibility amounts.

- A** Date(s) service provided.
- B** Service you received.
- C** Amount charged for service provided.
- D** The negotiated rate between the provider and BlueCross BlueShield for that service.
- E** A set dollar amount you pay for your covered medical care before your benefits start.
- F** 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.
- G** Other amounts you may be responsible for paying, for example a copay.
- H** The total amount paid by your health plan.
- I** An explanation of a payment or a reason for denial of a claim.

If your plan has a deductible...

...when you have not met your deductible

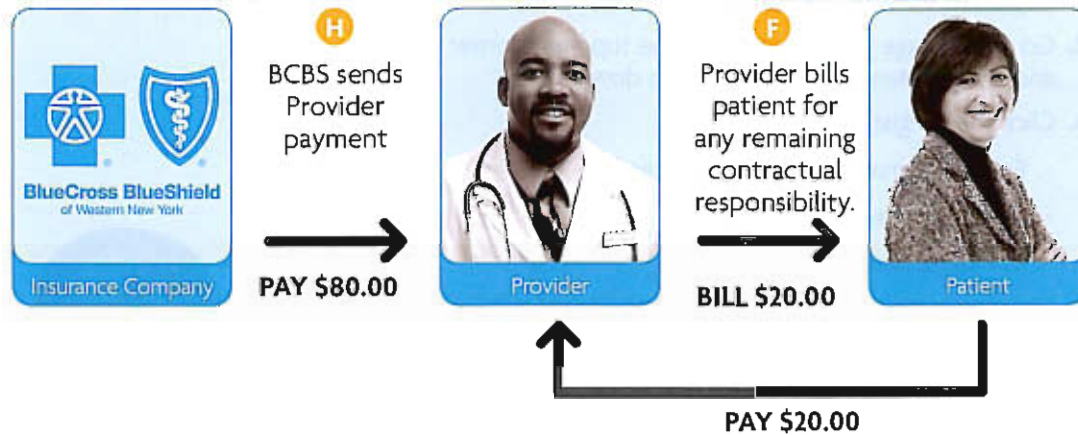
Service Dates From	To	Description of Services	Amount Billed	Contract Allowance	Patient Responsibility			Amount Paid	Ex Code
					Deductible	Coinsurance	Other		
10/12/09	10/12/09	Office Visit	150.00	100.00	100.00	0.00	0.00	0.00	
Claim Total			150.00	100.00	100.00	0.00	0.00	0.00	



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

...when your deductible has been met

Service Dates From	To	Description of Services	Amount Billed	Contract Allowance	Patient Responsibility			Amount Paid	Ex Code
					Deductible	Coinsurance	Other		
10/12/09	10/12/09	Office Visit	150.00	100.00	0.00	20.00	0.00	80.00	
Claim Total			150.00	100.00	0.00	20.00	0.00	80.00	



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

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.

Online tools to manage your health at www.bcbswny.com

Online Services is your secure resource for personalized health care information and services.*

- Order a new member ID card.
- Review your claims history.
- Reorder prescription drugs.
- Talk to a customer service representative with online chat.
- Access complimentary online health and wellness tools.
- Estimate the cost of care.
- Research treatment options and local hospitals.
- View your Explanation of Benefits.
- Locate a participating provider.
- Select a Primary Care Physician.



Before you get started...

Have your BlueCross BlueShield member ID card handy.

Getting started is easy!

1. Log on to www.bcbswny.com
2. Go to "Manage your Account" in the top right corner and select "Member" from the drop down menu
3. Click the "Register Now!" link
 - Enter information from your ID card.
 - Enter your personal information
 - Choose a password
4. Once your registration is complete, you can sign in immediately and start using the online tools.

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.

*Availability of services determined by your coverage plan.



Online Care: Where the doctor is just a click away

Online Care is a convenient new way to talk to a local doctor from the comfort of your home or office. Now, with the click of a mouse, you can speak confidentially with a doctor about cold or flu symptoms, periodic pain, or general health questions. You can even get medication refills or follow-up to your original appointment right from your computer. This service is not included as a plan benefit so a fee will be charged.



Log on to Online Care at www.bcbswny.com.

Make the most of your prescription drug benefits*

Save time and money with mail-order

BlueCross BlueShield partners with Medco, the largest mail-order pharmacy in the country, to provide convenience and savings on prescription drugs with 90-day pricing, generic alternatives, and home delivery.

Medco conducts safety checks based on all of your medication records on file. This safety system can check your prescription for potential drug interactions and other possible medication problems.

Filling your prescription is easy!

To fill your prescription through the Medco mail-order pharmacy, simply call 1-800-939-3751, anytime day or night and they will contact your doctor for you. It's that easy!

OR

If you already have a 90-day prescription from your doctor:

- Log on to www.medco.com
- Go to "Forms & cards" page to download a mail-order form.
- Complete the form and mail to Medco with your prescription.

Once Medco receives your order, your prescription will be delivered to you within 10 days, and free standard shipping is included.

As a BlueCross BlueShield member, you'll also have access to local participating pharmacies to get a prescription filled for short-term or urgent needs. Visit www.bcbswny.com for a listing of participating pharmacies.

Save with generic drugs

More than 400 generic medications are available for \$10 or less for a 90-day supply through Medco mail order. To find generic alternatives, use the My Rx Choices at www.medco.com or talk with your doctor about a generic alternative that might be right for you.

How much can you save?

	Brand Name Medication	Generic Alternative
Medication and dosage	Lipitor® 40 mg/day	Simvastatin 80 mg/day
Drug Tier	2	1
Tier Copay ¹	\$30	\$10
Cost for 90 day mail order supply (2.5 copays) ¹	\$75	\$25
Cost for 1 year	\$300	\$100
You save \$200 per year!		

¹ Copays used in this example are for illustrative purposes only. Your copays may be different. Consult your plan Summary of Benefits for more information.

* 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 1-800-544-2583.

Save 50% on your prescriptions with our tablet splitting program

If your prescription is eligible for the tablet splitting program, it would be filled for half the number of tablets at twice the strength. You will then split the tablets in half to reach your prescribed daily dose. For example, you can purchase 15 tablets for a 30-day supply or 45 tablets for a 90-day supply.

How much can you save?

	Full Tablet	Split & Save!
Medication and dosage	Zoloft® 25 mg/day	Zoloft® ½ 50 mg tablet
Tier Copay ¹	\$30	\$15
Cost for 90 day mail order supply (2.5 copays) ¹	\$75	\$37.50
Cost for 1 year	\$300	\$150
You save \$150 per year!		

¹ Copays used in this example are for illustrative purposes only. Your copays may be different. Consult your plan Summary of Benefits for more information.



Getting started is easy!

1. Determine if your prescription is eligible:

Go to www.bcbswny.com, and click on "help me find" and select "Find a Prescription Drug". From there, select the **BlueCross BlueShield Medication Guide**.

2. Talk with your doctor:

If your medication is eligible, talk to your doctor to see if this program is right for you.

3. Get a new prescription:

If your doctor agrees to your participation, he or she will need to write a new prescription for a higher strength tablet and reflect a half tablet daily dosage.

4. Get a complimentary tablet splitter:

BlueCross BlueShield will pay for a tablet splitter when you use Medco or a participating pharmacy. Your pharmacist needs to use the following codes to bill us for the tablet splitter: NDC numbers 73913-1541-33 or 79573-0011-15.

If your pharmacist charges you for the tablet splitter, please retain your receipt and contact our Customer Service Department at the telephone number on the back of your member ID card to receive your refund.

All medications eligible for this program have been reviewed by our pharmacy staff to ensure that there is no change in clinical efficacy when tablets are split.

Medco Contact Information



1-800-939-3751



www.medco.com



Good for You![™] 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, 7 days a week. To access these exclusive health tools, you must register as a member.

Start with the Blue Lifestyle Survey

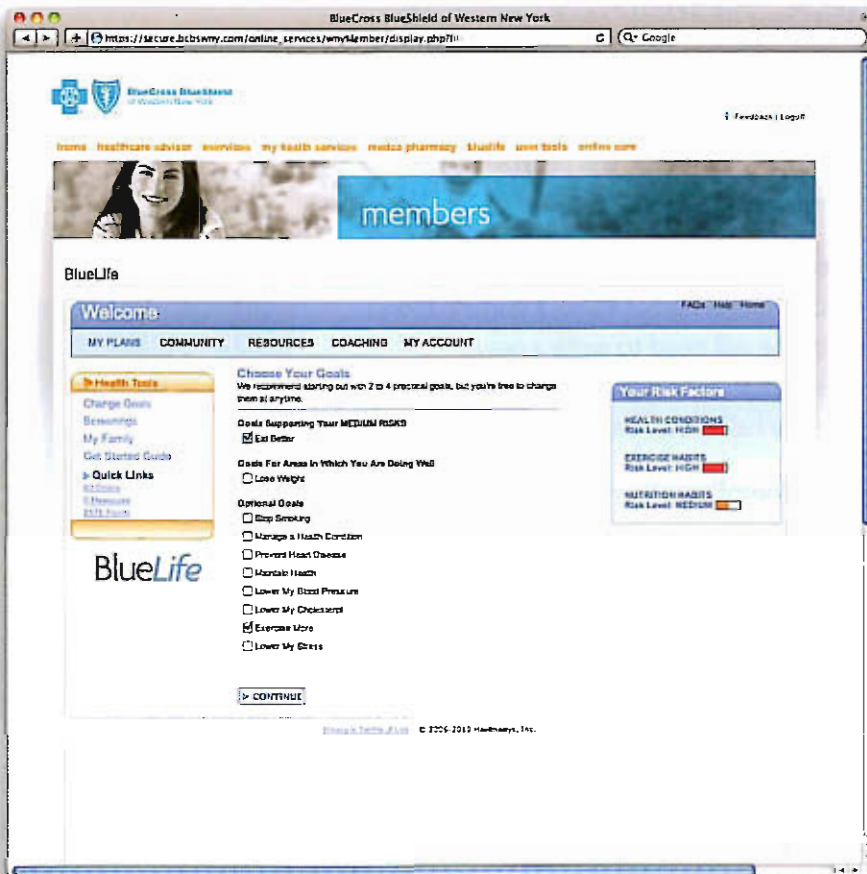
This quick, easy and confidential online survey takes about 15 minutes to complete and will help you build a personal profile so that you can determine what health areas you may need or want to address.

Understand your Health

Find the information you need with My Health Services to better understand your current health or any conditions or symptoms that you or a loved one may be experiencing. You can even create and retain a record of your health information.

Take Action

Get Fit, Eat Fit and Live Fit with BlueLife online tools. Create your own personalized health program or get advice from a health coach to build a fitness plan, improve nutrition, or receive smoking cessation support.



Do one thing.
Good For You!

How much do you want to spend
on heart disease?



\$50 walking shoes

\$57,073 heart bypass surgery



BlueLife Health and Wellness Workshops and Seminars

As part of your membership, you and your family can enjoy workshops and seminars to help you improve your health. Many of these workshops and seminars are listed below. A comprehensive list that includes dates, times and locations, can be found on our web site.

- "The Weight is Over"
- "Humor and Health"
- "Jump-start Your Fitness"
- "Happiest Baby"
- "Gentle Yoga"
- "Growing Up Fit"
- "Passport to Wellness"

Health Coaching

Because everyone can use some support from time to time, we have health coaches who are available to educate, motivate and support you.

Care Management

Managing a chronic illness is easier when you have a team of people dedicated to supporting you. BlueCross BlueShield will help you and your physicians manage chronic medical conditions by providing valuable information and treatment options.

- Attention Deficit Hyperactivity Disorder
- Asthma
- Back Care
- Cardiac Care
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes

We've designed programs that help bring you together with your health care team to manage your overall care. If you have a complicated illness, we can help get you the very best care possible.

Programs include:

- Chronic Kidney Disease
- Home Connections Palliative Care
- Rare Conditions
- Right Start Pregnancy
- Transplant



Bigger isn't always better.

12 oz. Grilled Sirloin
636 Calories, 22.8 grams of fat and
1 hour 30 minutes of low
impact step aerobics.

4 oz. Grilled Sirloin
212 Calories, 7.6 grams of fat and
30 minutes of low impact step aerobics.

What's for breakfast?



Whole-grain cereal (**\$4.89**).

OR



Cholesterol medicine
(**\$113 per month**)

24/7 Health Concierge only from BlueCross BlueShield

Health Advocate:
A 24/7 health concierge
for you and your family

This unique service is available at no cost exclusively to BlueCross BlueShield members and their families – even those family members who don't have BlueCross BlueShield health insurance, including immediate family.

When you, or a family member, have a health care issue, simply call Health Advocate toll free at 1-800-359-5465, 24 hours a day, seven days a week, and explain your need to the personal health advocate who immediately begins working to resolve the issue.

How can Health Advocate help you?

- Help navigating health care issues
- Assistance with eldercare concerns
- Research current treatments for medical conditions
- Secure second opinions
- Schedule appointments with hard-to-reach specialists
- Unbiased health information to help make informed decisions
- Untangle claims, billing and payment issues
- Answers to questions about test results, treatment recommendations and medications
- Coaching to help you better understand medical conditions

Health Advocate Contact Information



1-800-359-5465



www.healthadvocate.com

What our members are saying

"It was a relief to finally find someone who understands the importance of some of the issues that arise when dealing with a person who is chronically ill."

"I called Health Advocate today to get information for my Mom, relative to the new Medicare Rx program. Donna really helped us. She even conferenced my Mom in on the call."

"Health Advocate helped me sort out the maze of hospital protocol. Getting clear information is the key to being able to make decisions for your loved ones, and you put me on the right path."

Urgent Care vs. Emergency Room Care

One of the best ways you can control your costs is by understanding where you can get the most appropriate care. For routine physical examinations or illnesses, you should contact your Primary Care Physician. They know your medical history and can direct you to the most appropriate care.

Over the weekend or after doctor's hours, however, Urgent Care Centers can be a good alternative since they usually cost less than the ER and have less than a one-hour wait.

When to use Urgent Care

For non-life threatening issues such as:

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

If you have chest pain or a life-threatening pain or illness, you should go to the Emergency Room immediately or call an ambulance.

Urgent Care Centers – Buffalo

MedFirst Urgent Care

3980 Sheridan Drive
Amherst, NY 14226
716-929-2800

WNY Immediate Care

2099 Niagara Falls Boulevard
Amherst, NY 14228
716-204-2273

Lifetime Health

1185 Sweet Home Road
Amherst, NY 14226
716-689-0040

Lifetime Health

899 Main Street
Buffalo, NY 14203
716-878-2700

Cuba Memorial Hospital

140 West Main Street
Cuba, NY 14727
1-585-968-2000

Reddy Care Walk-In Clinic

6161 Transit Road
East Amherst, NY 14051
716-688-6161

Lifetime Health

151 Elmview Avenue
Hamburg, NY 14075
716-648-3040

MedFirst Urgent Care

4827 Transit Road
Lancaster, NY 14043
716-701-6331

MedFirst Urgent Care

921 Wayne Street
Olean, NY 14760
716-379-8600

Olean General Hospital

515 Main Street
Olean, NY 14760
1-716-373-2600

WNY Immediate Care

3050 Orchard Park Road
West Seneca, NY 14224
716-675-3700

Lifetime Health

120 Grandview Parkway
West Seneca, NY 14224
716-668-3600

Pediatric & Urgent Care

1800 Maple Road
Williamsville, NY 14221
1-716-636-5437

WNY Immediate Care

7616 Transit Road
Williamsville, NY 14221
716-204-2273





Notes

A series of horizontal dotted lines for writing notes.