



BlueShield
of Northeastern New York

1-800-888-1238

bsneny.com

Benefit Summary:

Effective on or after 1/1/2021

	NENY Platinum POS Classic (2021)		
Class ID: 2701	In-Network	Out-of-Network	Additional Information
General Information			
Provider Network	200 Plus Network		
Deductible	N/A	\$5,000 single / \$10,000 family	
Deductible Administration Type	N/A	Embedded deductible - once any individual has met the individual deductible, subsequent medical costs will be covered for that individual, even if the family deductible has not been satisfied	
Coinsurance	N/A	50% coinsurance after deductible	
Out of Pocket Maximum	\$2,000 single / \$4,000 family	\$10,000 single / \$20,000 family	
Out of Pocket Administration Type	Embedded OOP Max - once any individual has met the individual OOP Max, subsequent medical costs will be covered for that individual, even if the family OOP Max has not been satisfied	Embedded OOP Max - once any individual has met the individual OOP Max, subsequent medical costs will be covered for that individual, even if the family OOP Max has not been satisfied	
Benefit Administration Date	Plan year		
Dependent Coverage			
Dependent Age	26/26		
Dependent Coverage Ends	End of birth month		
Domestic Partner and Children	Includes coverage for domestic partner and children		
Prescription Drug Coverage			
Prescription Drugs	\$10/\$30/\$60	Not Covered	
Mail Order	2.5 copays per 90 day supply	Not Covered	
Is Rx subject to Medical Deductible?	No		

	NENY Platinum POS Classic (2021)		
Class ID: 2701	In-Network	Out-of-Network	Additional Information
Physician and Other Services			
Primary Office Visit	\$15 copayment	50% coinsurance after deductible	
Specialist Office Visit	\$35 copayment	50% coinsurance after deductible	
Telemedicine	Covered in full	Not covered	
Allergy Injections	\$15 copayment/\$35 copayment	50% coinsurance after deductible	
Allergy Testing	\$15 copayment/\$35 copayment	50% coinsurance after deductible	
Outpatient Surgical Procedures (in physician's office)	\$15 copayment/\$35 copayment	50% coinsurance after deductible	
Emergency and Urgent Care Services			
Emergency Room	\$100 copayment	Covered as in-network	Cost-share waived if admitted
Ambulance	\$100 copayment	Covered as in-network	
Urgent Care Center	\$55 copayment	Covered as in-network	
Preventive Services			
Bone mineral density measurement or test	Covered in full	50% coinsurance after deductible	
Cholesterol Test (lipid panel)	Covered in full	50% coinsurance after deductible	
Immunizations	Covered in full	50% coinsurance after deductible	
Prostate Test (Prostate Specific Antigen "PSA")	Covered in full	50% coinsurance after deductible	
Routine Physical Exam	Covered in full	Not covered	
Well Child Visits	Covered in full	50% coinsurance after deductible	
Hospital Services			
Inpatient Hospital	\$500 copayment	50% coinsurance after deductible	
Outpatient Surgical Procedure (Facility)	\$100 copayment	50% coinsurance after deductible	
Skilled Nursing Facility	\$500 copayment	50% coinsurance after deductible	
Diagnostic Testing Services			
Laboratory Tests	\$15 copayment	50% coinsurance after deductible	
Radiology	\$35 copayment	50% coinsurance after deductible	

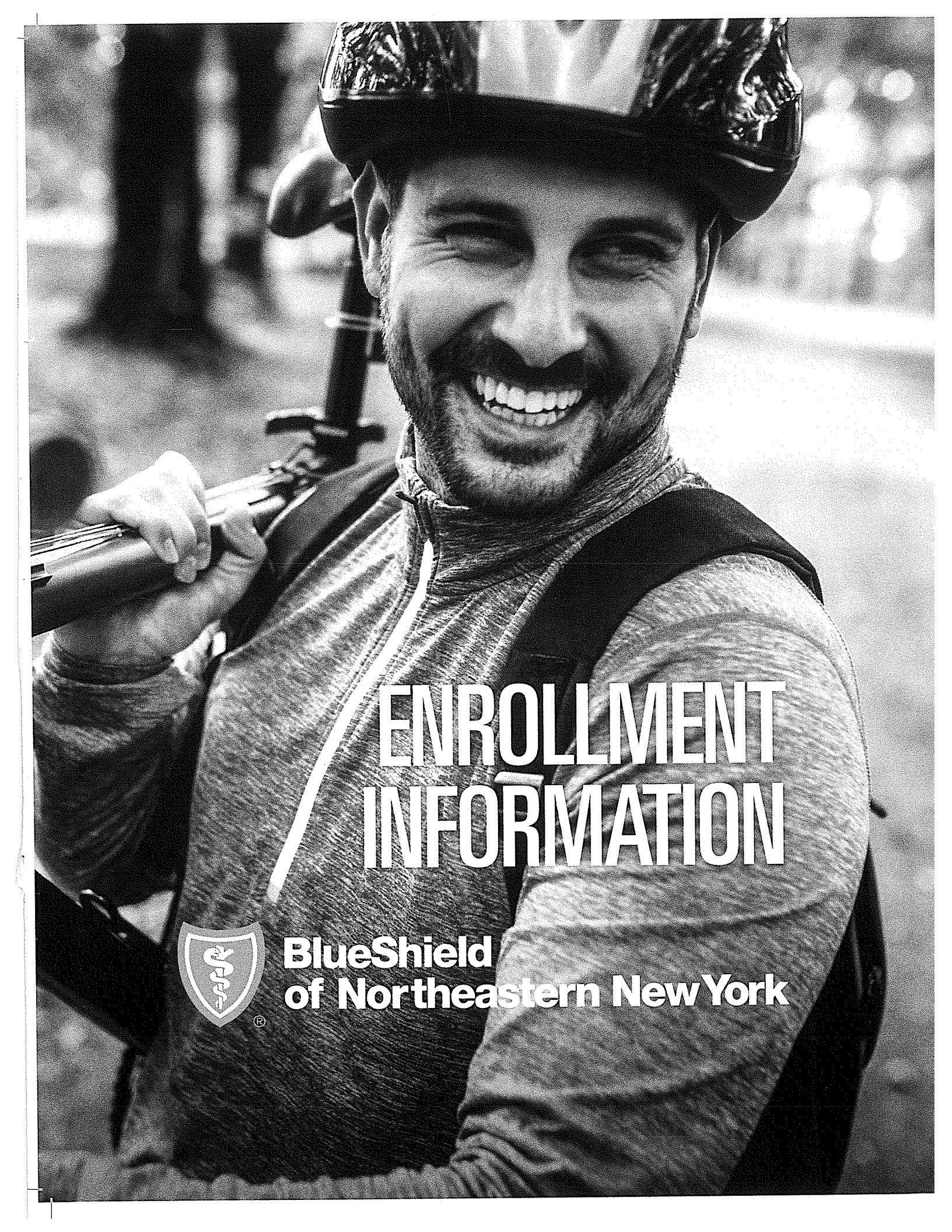
	NENY Platinum POS Classic (2021)		
Class ID: 2701	In-Network	Out-of-Network	Additional Information
Maternity Services			
Physician Services: Prenatal and Postnatal Care (initial visit)	\$15 copayment	50% coinsurance after deductible	
Inpatient Maternity	\$500 copayment	50% coinsurance after deductible	
Mental Health and Substance Abuse			
Inpatient Mental Health	\$500 copayment	50% coinsurance after deductible	
Outpatient Mental Health	\$15 copayment	50% coinsurance after deductible	
Inpatient Substance Abuse - Rehab	\$500 copayment	50% coinsurance after deductible	
Inpatient Substance Abuse - Detox	\$500 copayment	50% coinsurance after deductible	
Outpatient Substance Abuse	\$15 copayment	50% coinsurance after deductible	Up to 20 visits a year may be used for family counseling
Diabetic Supplies and Services			
Diabetic Equipment	\$15 copayment	50% coinsurance after deductible	Additional benefits available through Livongo.
Insulin and Other Oral Agents	\$15 copayment	50% coinsurance after deductible	Diabetic drugs and supplies rendered at pharmacy will be covered as a medical benefit. Diabetic drugs rendered at pharmacy are only covered in-network.
Diabetic Medical Supplies (Test strips, Syringes, etc)	\$15 copayment	50% coinsurance after deductible	Additional benefits available through Livongo.
Rehabilitation Services			
Chiropractic Care	\$15 copayment	50% coinsurance after deductible	
Physical - Occupational - Speech Therapies	\$15 copayment	50% coinsurance after deductible	60 combined PT/OT/ST visits per condition per plan year
Pulmonary Rehabilitation	\$35 copayment	50% coinsurance after deductible	
Additional Services			
Durable Medical Equipment	50% coinsurance	50% coinsurance after deductible	
Prosthetics and Appliances	50% coinsurance	50% coinsurance after deductible	Shoe orthotics not covered. For children, the cost of replacements is also covered but only if the previous device has been outgrown.
Home Health Care	\$35 copayment	50% coinsurance after deductible	40 aggregate visits per year; Home Infusion counts toward home health care visit limit.

	NENY Platinum POS Classic (2021)		
Class ID: 2701	In-Network	Out-of-Network	Additional Information
Additional Services			
Hospice	\$35 copayment	50% coinsurance after deductible	210 days per year
Chemotherapy - Outpatient Facility	\$15 copayment/\$35 copayment	50% coinsurance after deductible	
Dialysis	\$15 copayment/\$35 copayment	50% coinsurance after deductible	
Wellness Card	\$250 per contract	N/A	Benefit allowance accessible through use of debit card at participating providers for gym membership, massage, acupuncture, health food stores, chiropractic visits, etc
Pediatric Vision Services			
Routine Exam	Covered in full	Not covered	One routine exam every calendar year; coverage up to Age 19
Medical Eye Exam	\$35 copayment	50% coinsurance after deductible	
Adult Vision Services			
Routine Exam	Covered in full	Not covered	One routine exam every calendar year
Medical Eye Exam	\$35 copayment	50% coinsurance after deductible	

*Cost share may vary based on place of service for services listed above.

**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.

A black and white photograph of a man, likely a firefighter, wearing a helmet and safety gear. He is smiling broadly and holding a violin across his chest. The background is blurred, showing what appears to be an outdoor setting with trees and lights.

ENROLLMENT INFORMATION



**BlueShield
of Northeastern New York**

Enrollment information and questions



Visit us: bsneny.com

Call us: Monday – Friday, 8 a.m. to 7 p.m. EST

Toll-free: 1-800-888-1238 (TTY 711)



Write us:

BlueShield of Northeastern New York

P.O. Box 15013, Albany, NY 12212

Welcome!

Welcome to BlueShield of Northeastern New York. Being part of our family means you receive more than just health insurance. It's about the protection of a shield — the security in knowing the card you carry is accepted by 93% of doctors, and the power of that card to open doors in all 50 states.

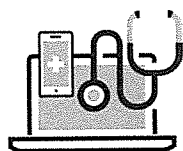
This guide is here to help you get healthy and stay healthy.

Let's build healthier lives together.

Get the most from your health plan

As the leading health plan in our community for more than 70 years, we're committed to providing you with the quality care and service you deserve.

Your membership includes:



- **Telemedicine hosted by Doctor On Demand®** — see a doctor 24/7 using your mobile device or computer. Telemedicine visits are covered at a \$0 copay for members (subject to deductible on HSA-qualified plans).

- **\$250 wellness card** — use your wellness card for gym memberships, WW (Weight Watchers), massage therapy, and more! Visit bsneny.com/wellnesscard for a complete list of benefits.
- **Personalized health coaching** — work one-on-one with a team of registered nurses, nutritionists, and exercise experts.
- **MyBlueHealth** powered by WebMD® — your customized website provides education and tools to help you on the path to better health.

You'll find details on these important resources and much more within this guide. Thank you for choosing BlueShield! We're proud to serve you.

**THE CARD THAT OPENS DOORS
IN 50 STATES.**

The Security of a Card Recognized Worldwide

With BlueShield, you and everyone listed on your card has access to outstanding local doctors, hospitals, and specialty practices like heart health and cancer care centers. You can feel confident about the care available to you every day.

If you're traveling, feel safe knowing BlueShield is your direct link to emergency care anywhere. Just show your member ID card at any hospital in the world and you'll receive the same benefits you receive at home.

1.3M
providers

96%
of hospitals
are in-network

93%
of doctors
are in-network
nationwide

97%
claims paid
in-network

190+
countries

OUR BLUECARD® NETWORK OFFERS NATIONAL AND WORLDWIDE ACCESS

Visit bsneny.com/find to locate a doctor or hospital near you.

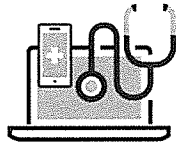


Convenient Access to Medical Advice

Telemedicine

With telemedicine hosted by Doctor On Demand, you can be seen right away using your mobile device or computer. It's like having your own personal doctor on call 24/7.

Through live video, board-certified physicians review symptoms and medications, perform an exam, and recommend a treatment plan. Doctors are available within minutes or by appointment.



24/7/365

24/7/365 access to board-certified doctors through your smartphone, tablet, or computer with a front-facing camera – telemedicine visits are covered at a \$0 copay for members (subject to deductible on HSA-qualified plans)



INSTANT ACCESS

Provides members instant access to quality care with an average wait time under five minutes



90% TREATED

Physicians are able to treat 90% of the most common medical issues:

- Allergies
- Back pain
- Bronchitis and pneumonia
- Cold and flu
- Sinus infections

To access care, visit **DoctorOnDemand.com** or download the Doctor On Demand app from the App Store (iPhone) or Google Play (Android). Call 1-800-997-6196 for Doctor On Demand support.

Personal health navigators

Health issues can come up at any time. When they do, we're here to help — quickly, confidentially, and at no cost to you. Your personal health navigator can:

- Help you find hospitals, doctors, and dentists
- Assist in scheduling appointments with hard-to-reach specialists
- Resolve claims, billing, and payment issues
- Provide information about eldercare
- Request transfer of medical records, X-rays, and lab results

For extra help when you need it most, call the customer service number on the back of your member ID card and ask to speak with your personal health navigator.

Wellness Resources to Keep You Healthy

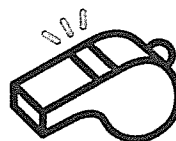
We give you simple access to care when you're sick, plus resources that help you stay happy and healthy.

Free personalized health coaching

As a member, you have access to our health coaching team of registered nurses, nutritionists, and exercise experts. They work one-on-one with you and your family to answer questions, develop personal health plans, and connect you with the resources you need.

If you need help managing a chronic condition or complex health care need, our health coaches can connect you to a case or disease manager. They'll help you make informed health care decisions and empower you with resources to make positive health changes. Programs are available for ADHD, chronic obstructive pulmonary disease (COPD), asthma, diabetes, cardiac, spine, palliative care, behavioral health, rare conditions case management, transplant case management, Right Start Prenatal Program, and more.

To contact a health coach, call 1-877-878-8785, option 2.



WebMD

Your personalized health and wellness portal — *MyBlueHealth*.

With *MyBlueHealth*, powered by WebMD, you can improve your health and fitness online. This customized site has important information to help you on your path to well-being.

Earn a \$25 incentive for completing the integrated health assessment and get custom tips based on your responses.

With *MyBlueHealth* you can:

- Complete self-paced wellness programs
- Gain access to healthy recipes that include nutritional information
- Research health and wellness topics using WebMD's extensive medical library

Livongo

Livongo helps members take control of their diabetes — **available at no cost to you.**

Members with diabetes who enroll in our Livongo program receive free:

- Diabetic meter
- Lancets
- Unlimited testing strips

You also get personalized reports to track progress as well as online education and real-time coaching to better manage your diabetes.

To contact Livongo, call 1-800-945-4355.

Save on Prescription Medications

Retail pharmacy access

Your member ID card gives you access to more than 590 local retail pharmacies and 70,000 pharmacies nationwide. Visit bsneny.com/find to locate a pharmacy near you.

70,000+
nationwide

590+
retail locations



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 brings you savings:

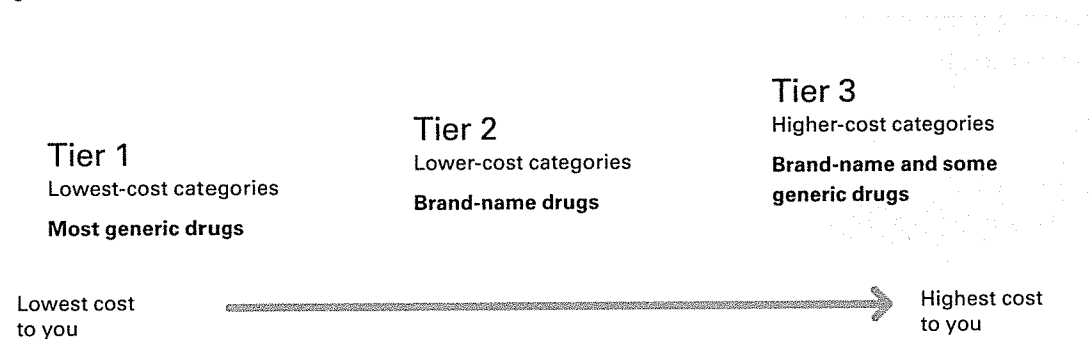
- 90-day prescriptions — pay less than you would filling monthly prescriptions at your local pharmacy
- More than 400 generic medication alternatives for \$10 or less for a 90-day supply
- Tablet-splitting program that makes 15-day prescriptions last 30 days, and 45-day scripts last 90 days

Specialty medications

Specialty medications are prescription drugs used to treat complex conditions, including cancer, multiple sclerosis, and rheumatoid arthritis. As a BlueShield member, you have access to personalized specialty pharmacy services, including convenient delivery to your home or location of your choice, access to nurses who specialize in your condition, and an on-call pharmacist available 24/7.

Lower-cost alternatives

Comparing prices for medications and finding lower-cost alternatives is quick and easy! Just log in to your account at bsneny.com and click *Manage my prescriptions*. Select *Price a Medication* from the *Prescriptions* drop-down menu to get started.



Visit bsneny.com/pharmacy for more information.

Reference Formulary 3/Exclusive for your pharmacy benefit.

Free Preventive Services to Help You Stay Healthy

When it comes to your health, studies show that early detection is key. That's why your BlueShield plan includes more than 65 free checkups and preventive services to help you take control of your health — and work to improve it, too.

\$0 preventive services include:



- Aspirin use from age 50 to 59 (prescription required)
- Blood pressure screening
- Cancer screenings, including breast, cervical, colorectal, etc.
- Hepatitis B screening for high-risk and pregnant members
- Hepatitis C screening
- Human immunodeficiency virus (HIV) screening
- Human papillomavirus (HPV) testing
- Immunization vaccines, including HPV, influenza, tetanus, etc.
- 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
- Smoking cessation medications
- Over 600 brand-name and generic drugs (Platinum, Gold, and Silver plans)
- Over 350 drugs on Bronze plans

Visit bsn.ny.com/preventive for a complete list of preventive services.

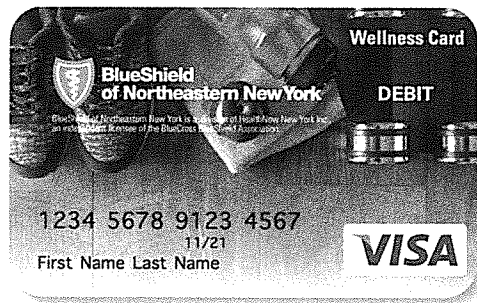
It Pays to Be Healthy

A \$250 wellness card

Maintain a healthy lifestyle by using your \$250 wellness card* for:

- * Gym memberships, fitness classes, and personal training sessions
- * WW (Weight Watchers)
- * Sports programs, camps, and lessons
- * Health food stores and nutritional supplements (including GNC and Vitamin World)
- * Acupuncture treatments
- * Massage therapy
- * Chiropractic visits
- * Races and fun walks

See bsneny.com/wellnesscard for a full list.



Free community wellness programs

Our free community wellness programs aim to help members improve their quality of life with seminars and classes. You can choose from more than 100 programs and participate in at least two free fitness or wellness classes per year.** Maternal and infant health classes are unlimited.

Visit bsneny.com for a complete list of classes.

Assess your health and earn extra cash

Earn \$25 when you complete a confidential health assessment online and learn about ways to get and stay healthy. You can earn an additional \$25 if your covered spouse completes the assessment too.

Go to bsneny.com/ha to start your health assessment.

*One \$250 wellness card per subscriber with BlueShield of Northeastern New York plans.

**Members can participate in two free fitness classes and one free nonfitness class per topic per plan year. Maternal and infant health classes do not fall under these restrictions.

Easy Access to Your Plan Online

Personalized member account*

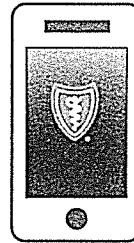
Access all of your benefits in one place and other valuable information whenever and wherever you need it. You can:

- View plan benefits
- Access recent claims and Explanation of Benefits (EOBs)
- Compare treatment options and estimate health care and pharmacy costs
- Live chat with a customer service representative
- View and order replacement member ID cards

Visit bsneny.com/register to get started.

Mobile app

Enjoy all the same features on the go. Use our mobile app to review your plan, make changes, and obtain member ID cards. To download the app, search for BlueShield of Northeastern New York in the App Store (Apple devices) or Google Play (Android devices).

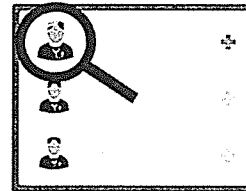


Find a Doctor

We've streamlined our online tools so you can easily find the right treatment and feel confident about your care.

Features include:

- Easy, user-friendly interface
- Local and national doctor information combined in one tool
- Search and map functionalities — search by keyword or location
- Opportunities to read and write doctor reviews



To start using the *Find a Doctor* tool, visit bsneny.com/find today.

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

Glossary of Terms

Allowed amount

The maximum amount on which our payment is based for covered services. If your nonparticipating 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

Occurs when a nonparticipating provider bills you for the difference between the nonparticipating provider's charge and the allowed amount. A participating provider may not balance bill you for covered services.

Coinsurance

Your cost-share of the cost of a covered service, calculated as a percent of the allowed amount for the service that you are required to pay the provider.

Copayment

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

Deductible

The portion of covered medical expenses that a member must pay before the plan will make any benefit payments.

- **Aggregate (true family) deductible:** The family deductible must be met, regardless of which family members incur the medical expenses, before any services will be paid under the terms of the contract.

- **Embedded deductible:** A family medical plan (two or more members covered) with an embedded deductible contains two components — an individual deductible and a family deductible. Each family member has the opportunity to get their medical bills covered prior to meeting the entire dollar amount of the family deductible. One person cannot exceed the individual deductible amount in the family deductible.

- **Family deductible:** A deductible satisfied by the combined expenses of all family members.

Drug formulary

A list of both generic and brand-name prescription drugs used by practitioners to identify drugs with the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintains the formulary.

Drug tier levels

- **Tier 1:** Lowest-cost alternative

- **Tier 2:** Preferred medication

- **Tier 3:** Nonpreferred medication

Emergency care

Care received for a life-threatening illness or injury requiring immediate medical attention.

Explanation of Benefits (EOB)

A notification sent to the customer that provides information on a claim processed.

In-network

A provider, hospital, pharmacy, or other facility that has entered into a contractual relationship with the health plan to be part of the health plan's network. Members usually pay less when using an in-network provider.

Nonparticipating provider

A person, entity, or institution that has not entered into a contractual agreement with the health plan to provide covered services.

Out-of-network

A provider, hospital, pharmacy, or other facility that has not entered into a contractual relationship with the health plan to be part of the health plan's network. Members usually pay more for services may not be covered when using an out-of-network provider.

Out-of-pocket maximum (OOPM)

The most you will have to pay in any given plan year for all covered services received under an insurance policy, including copayments, coinsurance, and deductibles. After you reach this amount, the insurance company will pay all other expenses for the remainder of the plan year.

Participating provider

A person, entity, or institution that has entered into a contractual agreement with the health plan to provide covered services. A provider's participation status may change.

Pharmacy network

A group of pharmacies that has contracted with a health plan or pharmacy benefit manager to provide covered products and services to members.

Preauthorization

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

Primary care physician (PCP)

A participating provider who is responsible for coordinating all of your medical care and practices in the area of family medicine, internal medicine, pediatrics, general practice, or obstetrics/gynecology. Your PCP is responsible for knowing your complete medical history, performing routine health care duties, and referring you to a specialist when necessary.

Routine

Routine services are based on medical guidelines, so procedures classified as "routine" may be covered in full. If a procedure does not meet the recommended medical guidelines, it is considered diagnostic, and copayment, coinsurance, and/or a deductible may apply.

Service area

The geographic area where the plan accepts members and has contracted with providers for you to use.

Specialist

A doctor 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.

Urgent care

Care received for an illness or injury with symptoms of sudden or recent onset requiring same-day medical attention.

How to Contact Us

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



bsneny.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: 1-800-888-1238 (TTY 711)
Local: (518) 220-4600

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

BlueShield of Northeastern New York
PO Box 15013
Albany, NY 12212-5013

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 arranging for treatment.

National pharmacy network

1-800-939-3751

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

Personal health navigators

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 anytime you need help navigating the health care system.

Vision Benefits for Small Groups

Affinity Discount Program, Non-Standard Plans

Benefits	Member Cost
Services	
Eye exam	\$0 cost-share
Frames	
Frames	35% discount off retail
Lens (uncoated plastic)	
Single vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Lens Options (add to lens prices above)	
Antireflective coating (premium)	20% discount off retail
Antireflective coating (standard)	\$45
Blended segment lenses	\$20
Glass lenses	\$18
Gradient tint	\$12
Hi-index lenses	\$55
Photochromic glass lenses (single vision)	\$35
Photochromic glass lenses (multifocal)	\$35
Polarized lenses	\$75
Solid tint	\$10
Standard scratch-resistant	\$15
Standard polycarbonate	\$30
Standard progressive (add-on to bifocal)	\$75
Transition lenses	\$65
UV coating	\$15
Contact Lens (available in lieu of spectacles)	
Conventional/disposable/planned replacement	15% discount off retail
Other Add-ons and Services	
Nonprescription sunglasses	10–20% discount off retail
Other ancillary products/solutions	
Laser Vision Correction	
Laser vision correction procedure	Up to 40–50% discount off retail
Frequency	
Examination	Annual
Frames	
Lenses	Unlimited
Contact lenses	

Davis Vision, an independent company, administers vision benefits on behalf of BlueShield of Northeastern New York. Members must receive services from a Davis Vision provider. Appropriate discounts are taken at time of purchase. Services out-of-network are not covered. Visit bsnyny.com/vision or davisvision.com or contact Davis Vision at 1-800-999-5431 to locate a provider near you.

1. Contact lens coverage varies by product selection.
2. Visually required contacts require prior approval.
3. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

No benefits shall be provided for:

- Vision services received or prescribed before the effective date of coverage or ordered after termination of coverage
- Examinations, frames, or lenses that are not necessary according to accepted standards of ophthalmic practice or that are not prescribed by the attending physician or by the optometrist
- Replacement of lost, stolen, broken, or damaged lenses, contact lenses, or frames, unless at the time of replacement the subscriber is otherwise entitled to benefits for the lenses or frames
- Industrial safety glasses, safety goggles, or sunglasses, whether or not they require a prescription
- Examinations, frames, or lenses required by the subscriber's employment
- Duplication of services: the benefits covered under this amendment are reduced by any benefits received under your contract or group plan

BlueShield of Northeastern New York – Notice of Nondiscrimination

BlueShield of Northeastern 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. BlueShield of Northeastern New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BlueShield of Northeastern 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 Vice President, Chief Compliance Officer.

If you believe that BlueShield of Northeastern 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:

Vice President, Chief Compliance Officer, 257 West Genesee Street, Buffalo, NY 14202, 1-800-798-1453, (716) 887-6056 (fax), complaint.compliance@bsneny.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>.

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。

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

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

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BlueShield of Northeastern New York

This enrollment information guide provides an overview of small group member benefits only. For a listing of all your benefits, please see your Summary of Benefits and Coverage.

BlueShield of Northeastern New York (BSNENY) is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. The Blue Shield[®] and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Express Scripts[®], Doctor On Demand[®], WebMD[®], and Livongo[®] are separate companies.

BSNENY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-888-1238 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-888-1238 (TTY 711)。



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to www.bsneny.com or call 1-800-888-1238. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.bsneny.com or call 1-800-888-1238 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	In- network : N/A; Out-of- network : \$5,000 individual / \$10,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. No services are subject to a deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. This plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	In- network : \$2,000 individual / \$4,000 family; Out-of- network : \$10,000 individual / \$20,000 family	If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.bsneny.com or call 1-800-888-1238 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of- network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of- network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copayment	50% coinsurance	None
	Specialist visit	\$35 copayment	50% coinsurance	None
	Preventive care/screening /immunization	Covered in full	50% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive . Then check what your plan will pay for. Flu vaccine covered in full out-of- network .
If you have a test	Diagnostic test (x-ray, blood work)	\$35 copayment for x-ray, \$15 copayment for blood work	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	\$35 copayment	50% coinsurance	Prior authorization required on certain procedures. Call the number on the back of your ID card for details.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bsneny.com	Generic drugs (Tier 1)	\$10 copayment	Not covered	Some generic drugs may be subject to non-preferred brand cost share .
	Preferred brand drugs (Tier 2)	\$30 copayment	Not covered	None
	Non-preferred brand drugs (Tier 3)	\$60 copayment	Not covered	None
	Specialty drugs (Tier 4)	See limitations & exceptions	See limitations & exceptions	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)	\$100 copayment	50% coinsurance	Prior authorization required on certain procedures. Call the number on the back of your ID card for details.
	Physician/surgeon fees	Covered in full	50% coinsurance	Prior authorization required on certain procedures. Call the number on the back of your ID card for details.
If you need immediate medical attention	Emergency room care	\$100 copayment	Covered as in- network	None
	Emergency medical transportation	\$100 copayment	Covered as in- network	None
	Urgent care	\$55 copayment	Covered as in- network	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 copayment	50% coinsurance	Prior authorization required.
	Physician/surgeon fees	Covered in full	50% coinsurance	Prior authorization required on certain procedures. Call the number on the back of your ID card for details.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 copayment for Mental Health; \$15 copayment for Substance Abuse	50% coinsurance for Mental Health; 50% coinsurance for Substance Abuse	Prior authorization required on certain procedures. Call the number on the back of your ID card for details. Up to 20 visits a year may be used for family counseling
	Inpatient services	\$500 copayment for Mental Health; \$500 copayment for Substance Abuse Detox; \$500 copayment for Substance Abuse Rehab	50% coinsurance for Mental Health; 50% coinsurance for Substance Abuse Detox; 50% coinsurance for Substance Abuse Rehab	Prior authorization required on certain procedures. Call the number on the back of your ID card for details.
If you are pregnant	Office visits	\$15 copayment	50% coinsurance	None
	Childbirth/delivery professional services	\$15 copayment	50% coinsurance	For participating providers , cost share applies only to initial visit to determine pregnancy.
	Childbirth/delivery facility services	\$500 copayment	50% coinsurance	None
If you need help recovering or have other special health needs	Home health care	\$35 copayment	50% coinsurance	40 aggregate visits per year; Home Infusion counts toward home health care visit limit.
	Rehabilitation services	\$15 copayment	50% coinsurance	60 combined PT/OT/ST visits per condition per plan year
	Habilitation services	\$15 copayment	50% coinsurance	60 combined PT/OT/ST visits per condition per plan year
	Skilled nursing care	\$500 copayment	50% coinsurance	Prior authorization required.
	Durable medical equipment	50% coinsurance	50% coinsurance	Prior authorization required on certain procedures. Call the number on the back of your ID card for details.
	Hospice services	\$35 copayment	50% coinsurance	210 days per year

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Covered in full	50% coinsurance	Member cost share may vary by plan .
	Children's glasses	\$35 copayment	Not covered	Discounts may apply.
	Children's dental check-up	See limitations & exceptions	See limitations & exceptions	Coverage available through a separate dental plan .

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|------------------------|------------------------|---------------------|
| • Acupuncture | • Cosmetic surgery | • Custodial care |
| • Long-term care | • Private-duty nursing | • Routine foot care |
| • Weight loss programs | | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|--|----------------------------|-------------------------|
| • Bariatric surgery | • Chiropractic care | • Dental |
| • Elective Abortion | • Hearing aids | • Infertility treatment |
| • Non-emergency care when traveling outside the U.S. | • Routine eye care (Adult) | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: 1-800-888-1238.

Does this plan provide Minimum Essential Coverage? **Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet Minimum Value Standards? **Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-888-1238.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-888-1238.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-888-1238.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-888-1238.

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

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0.00
■ Specialist copayment	\$35.00
■ Hospital (facility) copayment	\$500.00
■ Other copayment	\$15.00

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copays	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$960

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0.00
■ Specialist copayment	\$35.00
■ Hospital (facility) copayment	\$500.00
■ Other copayment	\$15.00

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copays	\$600
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$620

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0.00
■ Specialist copayment	\$35.00
■ Hospital (facility) copayment	\$500.00
■ Other copayment	\$15.00

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copays	\$600
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$700

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: BlueShield of Northeastern New York at www.bsneny.com or call 1-800-888-1238.

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Notice of Nondiscrimination



BlueShield of Northeastern 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. BlueShield of Northeastern New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BlueShield of Northeastern 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 BlueShield of Northeastern 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@www.bsneny.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>.

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