A woman with curly hair is driving a car at night. She is looking forward with a focused expression. The background is dark with out-of-focus city lights creating a bokeh effect. The text is overlaid on the left side of the image.

**Better benefits.
Easier access.
More life.**

**Care that keeps
up with your life.**

Wherever you are, we've got you covered.



HMO NYSHIP Copay with Rx

New York State

Hi there,

We know choosing coverage is about more than just your health care. It's about peace of mind. That's why when you choose Highmark for your coverage, you get a plan that's simple to understand, easy to use, and easy to love.

With Highmark, you get access to personalized wellness programs, handy online tools, and 24/7 support for any questions you might have along the way.

We look forward to making it easier for you to feel your best.

Thomas A. Doran

President, Highmark Health Plans

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Why Highmark





EMERGENCY CARE

When you need it most, you're covered.

Emergency care is always covered at the in-network level, wherever you get it. So don't hesitate. If you think it's an emergency, go straight to the nearest emergency room or dial 911. Your plan may also cover emergency care received outside the United States. Check your Summary of Benefits for more information.



WORLDWIDE CARE

Support around the globe.

No matter where you travel, the Blue Cross Blue Shield Global[®] Core program gives you access to providers for your health care needs. For worldwide help, just call **1-800-810-BLUE**.



MATERNITY CARE

Caring for moms is about so much more than labor and delivery.

With Highmark, you get access to numerous facilities designed around comprehensive women's care, personal attention, and a family-centered approach during this special time.

You also have access to programs focused on advanced technology and expertise in neonatal care and OB-GYN specialty care. With Highmark, you can expect expert care from:

- OB-GYNs specializing in high-risk pregnancy, maternal fetal medicine, and fertility.
- Board-certified pediatricians and pediatric subspecialists.
- Childbirth and certified lactation experts.

Baby BluePrints® Program

Pregnancy can be exciting and overwhelming all at once. That's why Highmark's Baby BluePrints program guides you every step of the way. It's a no-cost program that provides you with educational resources and personalized attention from your own specially trained health coach.

Call 1-866-918-5267 to take advantage of Baby BluePrints today.

Product Information /Benefit Summary



NYSHIP HMO

Here's how Highmark Blue Cross Blue Shield makes it simple for you:

Close-to-home coverage.

Whether it's 24/7 answers from registered nurses, a diagnosis or prescription over video visit, or just some help booking your doctor visits, when you need us, we're there.

Easy access to top-performing specialists.

Many of our in-network specialists have earned Blue Distinction status for their exceptional safety and results. That means great specialty care for you, across the board. Easy-peasy.

And you're covered close to home, too.

Our local provider network gives you easy access to hospitals and doctors right in your community. From behavioral health to cancer care to cardiology, children's health to neuroscience to women's care, we've got you covered for local specialty care, too.

Need help finding top-quality doctors and hospitals?

To search for in-network providers:

1. Go to highmark.com/find-a-doctor.
2. Choose a plan from the list.
3. Type a name or specialty into the search window.

For over-the-phone help, call **1-844-639-2441**.



2024 New York State Employees HMO Plan 067 Benefit Summary

Physician and other health professional services	Cost
Primary care office visit copayment	\$10
Primary care office visit for children age 19 and under	\$0
Specialty care office visit	\$15
In-network out-of-pocket maximum	\$3,000 single/\$6,000 family
Telemedicine hosted by AmWell	\$0

Prescription drugs	Cost
Retail, 30-day supply	\$5 generic \$30 brand \$60 non-formulary \$0 preventive Rx drug list
Mail order, 90-day supply	\$12.50 generic \$75 brand \$150 non-formulary

Office or outpatient hospital-based health services	Cost
Routine physical exam	\$0
Routine gynecological physical exam	\$0
Diagnostic services; radiology and imaging, including X-rays, ultrasounds, diagnostic nuclear medicine, MRIs, and CT scans	\$15
Mammograms	\$0
Bone mineral density measurements and tests	\$0
Cervical cytology screenings	\$0
Well child visits	\$0
Immunizations	\$0
In-office surgical procedures	\$15
Chiropractic services	\$15
Standard diagnostic testing for prostatic cancer	\$0
Chemotherapy	\$15
Radiation therapy	\$15
Urgent care services	\$25
Physical therapy	\$15
Occupational therapy	\$15
Speech therapy	\$15
Laboratory services	Cost
Office laboratory services	\$0

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

Outpatient hospital laboratory services	\$0
Inpatient hospital services	Cost
Inpatient hospital service	\$0
Maternity care	\$0
Skilled nursing facility services	\$0
Outpatient hospital surgery and ambulatory surgery facility services	Cost
Hospital	\$100
Physician's office	\$15
Outpatient surgery facility	\$100
Emergency services	Cost
Emergency department services	\$100
Professional ambulance services	\$100
Additional services	Cost
Home health care	\$15
Durable medical equipment	50%
Prosthetic and orthotic devices	20%
Hospice care*	\$0
Wellness	Cost
Wellness card	\$600 Single/ \$750 Family Allowance

Live healthier for less.

Save big this year with low-cost benefits.

Get a wellness card — \$600 for individuals, \$750 for families

A wellness card helps you live better, with an annual allowance for a variety of services, including gym memberships, fitness classes, health food stores, and more.

Expanded virtual health for a \$0 cost share

Well360 Virtual Health offers services ranging from urgent care and behavioral health to primary care, women's health, and dermatology. Connect with a doctor online, 24/7, through your My Highmark portal and app.

\$0 pediatric care

Help your kids stay healthy and happy with routine wellness visits and quality care.

Low annual out-of-pocket maximum.

Once your yearly spending reaches \$3,000 (individual) or \$6,000 (family), we pay for any additional care needed.

\$0 copay for prescription medications

Save money at the pharmacy with more than 600 brand-name and generic medications that have no copay, along with hundreds of other affordable medications.

Support for managing type 2 diabetes

Onduo® offers digital tools to help track blood sugar and manage diabetes. See an endocrinologist or other care provider via a virtual health clinic, order prescriptions, and get a continuous glucose monitor — all at no cost to you.

Vision Care Services Discount Program through Davis Vision

Receive a \$0 annual vision exam, plus member discounts on frames, lenses, and contact lenses.

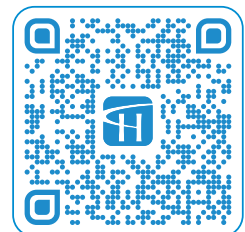
Low copays.

Pay \$10 to see a primary care doctor and \$15 to see a specialist.



Enrolling is easy.

Scan the QR code or visit highmark.com/nyshipwny to get started.





Because Life.™

Doctor On Demand by Included Health is a separate company that provides telemedicine services to Highmark BCBSWNY members.

Davis Vision, Inc. is a separate company that administers Highmark vision benefits.

Onduo is a separate company that provides a virtual care program for your health plan.

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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

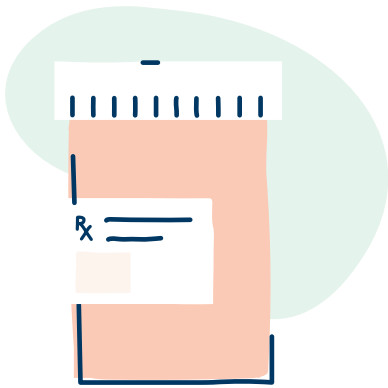
如果您说中文，可向您提供免费语言协助服务。請致電 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

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Prescription Drug Coverage





PRESCRIPTION DRUG BENEFITS

A pharmacy plan that fits your life.

First off, you'll use the same ID card for your medications as you do for your medical coverage. When you go to an in-network pharmacy, depending on your plan and the prescription, you might have a copay or need to pay a percentage of the drug's cost.

Knowing that, here are two important things to remember:

1. You'll usually save money by choosing a generic drug over a brand-name drug.
2. Our mail order service for maintenance prescription drugs is a convenient option that saves you trips to the pharmacy.

And when it comes to staying on top of your coverage, your member website has details on your drug coverage and easy-to-use tools to manage your benefits and prescriptions. Use the website to:

- **Find in-network pharmacies.**
- **View covered drugs.**
- **See drug prices and lower-cost options.**
- **Enroll in mail-order refills.**
- **Refill or renew a prescription.**
- **Get drug interaction warnings.**
- **Compare cost savings with mail order.**
- **Access forms needed for your coverage.**

Once you're a member, you can log in to myhighmark.com or call the number on the back of your member ID card to learn more.



Programs to keep you safe while keeping drug costs down.

When it comes to your medications, Highmark uses programs to help you make safer, more cost-effective drug choices. In the course of getting you the right drug, at the right time, in the right amount, at the right price, you might run into one of the following programs:

Prior authorization:

When you're enrolled and it's time to fill a prescription, we'll automatically check to be sure it's the best way to treat your diagnosed condition (or that you've tried other treatments before that didn't work for you). If the prescription isn't right for you, you'll need to get a prior authorization from your doctor. It's our way of double-checking that you're getting safe, effective, medically necessary drugs.

Quantity limits:

Some drugs are regulated to make sure you get the right dosage. Limits can be based on gender, age, or other factors that restrict how often or how much of a refill you can get. They're in place to keep you safe.

Step therapy:

For certain medications, our drug programs use a "step" approach. That means you'll need to try preferred medications first before less-preferred medications are covered. Preferred medications tend to be the lower-cost generic drugs that have already been clinically proven to be safe and just as effective as their more expensive counterparts. Step therapy is designed to help lower costs while still providing access to non-preferred medications.

For fully insured business, members may qualify for an exception from this protocol in certain circumstances.

If your prescription drug requires prior authorization, tell your doctor. There are three options for obtaining prior authorization:

1. Send a request online by using CoverMyMeds® (covermymeds.com).
2. Call the Pharmacy Hotline at 800-600-2227.
3. Fax a request form to the hotline staff at 866-240-8123.
(Get a form at myhighmark.com by clicking Helpful Links, Forms Library, then Pharmacy Forms.)



PARTICIPATING ADVANTAGE NETWORK PHARMACIES:

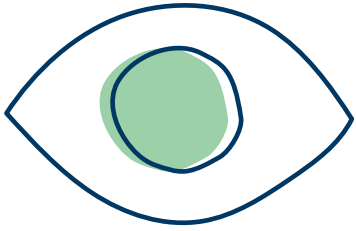
Over 34,000 pharmacies are in the Advantage network, including:

Accredo
Ahold
Albertsons
Aurora Pharmacy
Bi-Lo Holdings
Brookshire Grocery
Coborn's
Coram Healthcare
Costco
Dept. of Veterans Affairs
Discount Drug Mart
Food City Pharmacy
Giant Eagle
Hannaford Brothers
H-E-B Grocery
Hy-Vee
Ingles Markets
Kinney Drugs
Kmart
MK Stores
Marc Glassman
Maxor Pharmacy
The Medicine Shoppe

Meijer
Planned Parenthood
Price Chopper Pharmacy
Publix
Raley's
Rite Aid
Roundy's Supermarkets Safeway
Sam's Club
Sav-On
Save Mart Supermarkets
Schnucks
SuperValu
Thrifty White Stores
Value Drugs
Wakefern
Walmart
Wegmans
Weis Markets

Highmark Vision Coverage





VISION COVERAGE

Plans that help keep your vision clear and your eyes healthy.

As an important part of complete health coverage, vision benefits make it easier for you to get quality care when and where you need it. Plus, you can use the same health plan member website to easily access and maintain all your vision benefits and claims information.

With your Highmark Vision plan, you get:

- A 24/7 toll-free line for up-to-date plan info, network provider list, and claims status.
- Over 100,000 access points, like optometrists, ophthalmologists, and retailers like Visionworks® where you can use your frames discount with Davis providers.

Benefits that save you time and money:

- **Up to 25% off the cost of traditional LASIK** at over 1,000 nationwide network providers.

To use your frame benefit:

- [Glasses.com](https://www.glasses.com) and [befitting.com](https://www.befitting.com) are now full, in-network online retailers.

To use your contact lens benefit:

- Select contacts from the formulary list* of covered lens types, including disposable and planned replacement contacts in standard, multifocal, and toric.
- **1-800-CONTACTS** (1800Contacts.com) is now a full, in-network online retailer where you can order contacts.

To find a network provider:

- Go to highmark.com/bcbswny.
- Click **Find a Doctor or Pharmacy** and then **Find an Eye Care Provider**.
- Enter your ZIP code and mile radius.
- Click on **Search Now** for a list of providers that accept your plan.

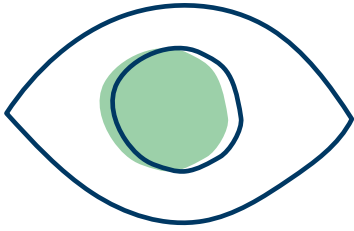
To get services from a network provider:

- Choose a network provider and schedule an appointment.
- Tell them the ID number on your benefit card.
- Give them the name and birthdate of the member who's getting care.
- No claim forms are required when using a participating network provider.

*Not applicable to Focus plans.

To get these benefits, enroll by following the instructions from your employer.

Once you're enrolled, if you have questions about your vision coverage, call the Member Service number on the back of your ID card.



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Once you're enrolled, if you have questions about your vision coverage, call the Member Service number on the back of your ID card.

Wellness





WELLNESS COACHES

Personalized support for health goals.

Looking to lose weight? Quit smoking? Be more active? Balance stress? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confidential. Call 1-800-650-8442, Monday – Friday, or visit [HighmarkHealthCoachBCBS.com](https://www.HighmarkHealthCoachBCBS.com).



BABY BLUEPRINTS®

Pregnancy advice, answers, and support.

Our maternity education program for mom-to-be questions and over-the-phone support from a nurse health coach that's available at no additional cost. Call **1-866-918-5267** to enroll.

Health Tools and Resources





ONLINE TOOLS & MEMBER WEBSITE

Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online at myhighmark.com.



CARE COST ESTIMATOR

Know what you'll owe for care.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you estimate your bill in advance. Available on your member website, myhighmark.com.



BLUE365®

Discounts to help you stay healthy and active.

From workout gear to personal wellness to healthy meal services, we'll take a little off the top while you're taking a little off your middle. Member-only deals are at blue365deals.com.



MY HIGHMARK APP

Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, claims updates, and easy online premium payments right on your mobile device. To start, just download the My Highmark app from the App Store or Google Play and set up your profile.

Additional Important Information



Health care lingo, translated.

When you're reviewing plans, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. (If you want the complete glossary, check your benefit booklet.)

CLAIM

The request for payment that's sent to your health insurance company after you receive covered care.

COINSURANCE

The percentage you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

COPAY

The set amount you pay for a covered service. For example, \$20 for a doctor visit or \$30 for a specialist visit.

COVERED SERVICES

All the care, drugs, supplies, and equipment that are paid for, at least in some part, by your health plan after you've met your deductible.

DEDUCTIBLE

The set amount you pay for a health service before your plan starts paying.

EXCLUSIVE PROVIDER ORGANIZATION (EPO)

A type of plan where services are usually only covered if you use in-network providers, except for emergencies or urgent care. If you travel, you'll have coverage for emergency or urgent care, but usually not for routine care.

EXPLANATION OF BENEFITS (EOB)

A statement from your insurance company that shows services you received, including the amount your insurance covers and what you'll owe.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more for health care services upfront before the insurance company starts to pay. These plans are often combined with a health savings account.

IN-NETWORK PROVIDER

A doctor, hospital, or other facility that has an agreement with your plan to accept your plan allowance and cost sharing as full payment. They won't bill you extra for covered services, but you could still have to pay your deductible, coinsurance, or copays.

MAXIMUM OUT-OF-POCKET

The most you'd pay for covered care. If you hit this amount, your plan pays after that.

NETWORK TYPES

Broad: The network that provides access to many doctors and facilities in your area.

Tiered: A network that offers access to most doctors and facilities in your area based on a tiered system — Enhanced and Standard. You generally pay less for the Enhanced level of benefits than the Standard level.

Narrow: Local networks specific to certain markets. They tend to be close to where you live. You have access to the doctors and facilities in that network.

OUT-OF-NETWORK PROVIDER

A doctor or hospital that generally charges more than your plan allowance for the same services.

PLAN ALLOWANCE

The set amount you and your plan will pay for a health service. In-network providers aren't allowed to bill you more than this amount.

PRECERTIFICATION

A decision made ahead of time by your health plan that a service, treatment, or drug is medically necessary for you. It can be called prior authorization or prior approval, but it's not a promise that anything will be fully covered.

PREFERRED PROVIDER ORGANIZATION (PPO)

A type of plan that offers more flexibility in choosing providers, usually with the added security of coverage for care you might need when you're away from home.

PREMIUM

The monthly amount you or your employer pay so you have health coverage.

PROVIDER

Whether it's your primary doctor, a lab technician, or a physical therapist, the person or facility providing your care is referred to as a health care provider.

RETAIL CLINIC

Walk-in centers for less complex health needs, generally open in the evenings and on weekends.

URGENT CARE CENTER

A walk-in center for when you have a condition that's serious enough to need care right away, but not serious enough for a trip to the emergency room.

Our friends in the legal department asked us to include this. Enjoy all the nitty gritty details.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration.

Onduo is a separate company that provides a virtual care program for your health plan.

Sword Health Inc. is an independent company that provides wellness services for your health plan.

Livongo is an independent company that provides a diabetes management program on behalf of Highmark.

Lark is an independent company that manages digital health and wellness coaching programs on behalf of your health plan.

Best Doctors is an independent company that manages the virtual second medical consultation program on behalf of Highmark.

Sapphire Digital is an independent company that administers the SmartShopper program for your health plan. Pricing may not be available on all medical procedures, tests or healthcare providers.

American Well is an independent company that provides virtual health services. American Well does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

Baby Blueprints is a registered mark of the Blue Cross Blue Shield Association.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members.

Blue Distinction® Specialty Care is a registered mark of the Blue Cross Blue Shield Association. Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers’ need for affordable healthcare. Each provider’s cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans’ areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Total Care (“Total Care”) providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider’s in-network status or your own policy’s coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction, Total Care, or other provider finder information or care received from Blue Distinction, Total Care, or other providers.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross Blue Shield Association.

BlueCard is a registered mark of the Blue Cross Blue Shield Association. Statics regarding coverage are according to the Blue Cross Blue Shield Association.

Blue High Performance Network is an in-network only, Exclusive Provider Organization (EPO), single-tier network in most markets. However, there are exceptions in these two markets: New Jersey and Philadelphia. Please contact your client manager for additional information on the two-tier in-network model in these markets. Blue High Performance Network is a service mark of the Blue Cross Blue Shield Association.

The programs discussed herein are not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition. Health plan coverage is subject to the terms of your health plan benefit agreement.

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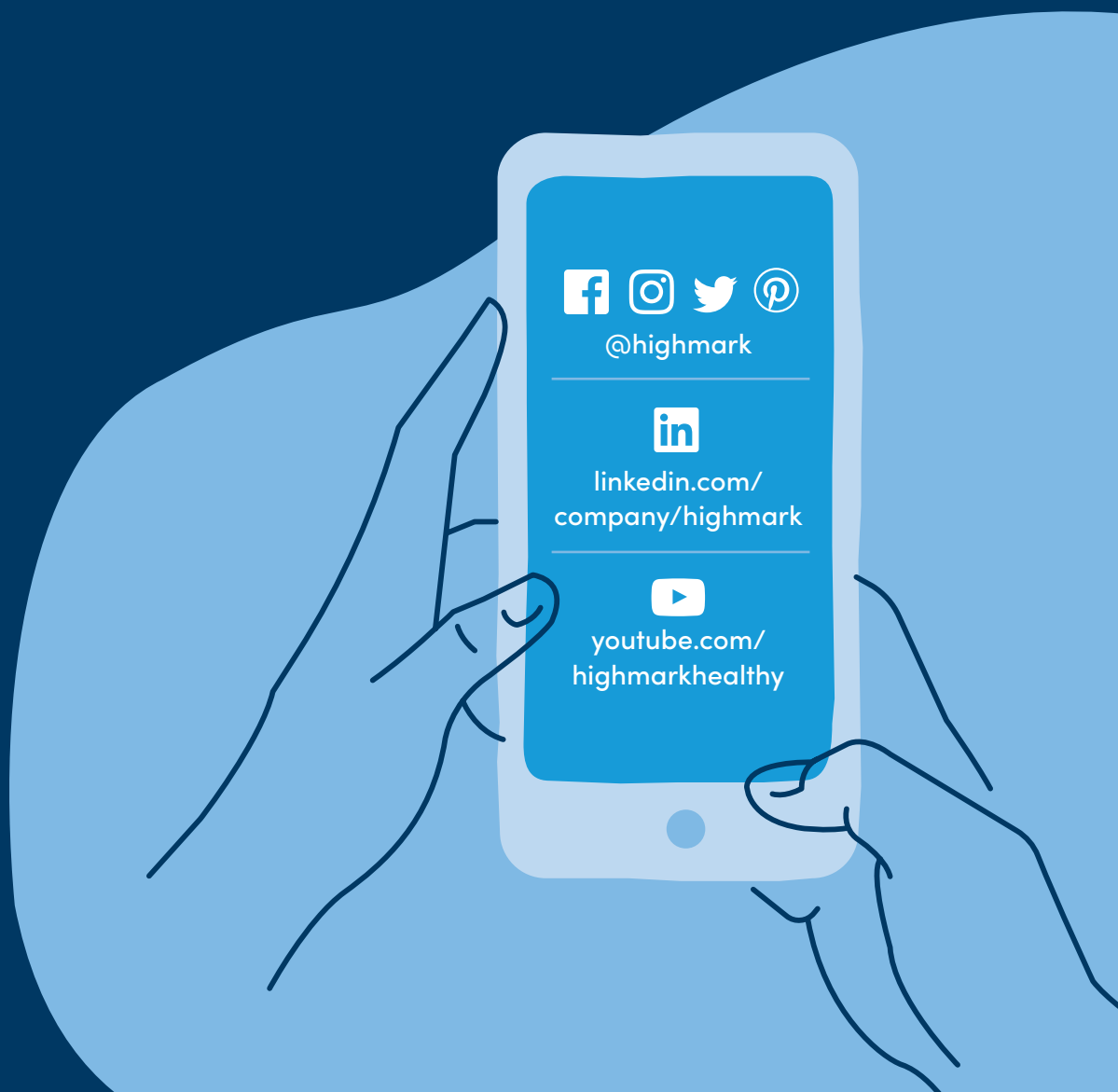
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This is not a contract.

Connect with us.

We're on most of your favorite social media sites, so contact us there if it's easier for you. You can say hi, ask questions, or give feedback. Find us here:



We've got your back.

For coverage questions, call the number on the back of your member ID card or talk with your plan administrator.