

All these benefits.
All for you.

With a great plan, it's all in the details.

That's why whoever you are, we make it easy
to find affordable, quality care.



HMO 210

New York State Employees 2022

NYSHIP HMO 069

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 Blue Shield of Northeastern New York 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.

A handwritten signature in black ink, appearing to read "Dr. Michael Edbauer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Michael Edbauer

President, Highmark Western and Northeastern New York

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Why Highmark





TOTAL CARE

Recognizing collaborative care.

Total Care is a national value-based care designation program that recognizes doctors and hospitals for their efforts in coordinating total patient care, emphasizing prevention and wellness, and helping patients better manage chronic conditions to improve patient outcomes and cost-efficiency.

Total Care designations:

- **Total Care:** Doctors and hospitals using patient-centered and data-driven practices to better coordinate care while improving quality, safety, and affordability of care.
- **Total Care+:** These providers meet additional benchmarks that mean even more quality and lower cost of care compared to their market-level peers.

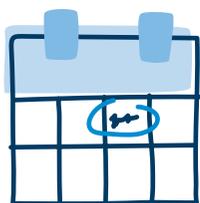
When searching on the Highmark member website, Total Care icons indicate doctors and facilities that have earned the status for exceptional safety and results.



BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call the phone number on the back of your ID card or from the Highmark app to get support from a registered nurse or a health coach any time and put your worries to bed.



MY CARE NAVIGATORSM

Your appointments, booked for you.

It's as simple as calling the phone number on the back of your ID card or from the Highmark app. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.



VIRTUAL HEALTH

Face-to-face with a doctor, 24/7.

Need to see a doctor but can't get to their office? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. You can register at [doctorondemand.com](https://www.doctorondemand.com) via the mobile app, or over the phone using the number on the back of your member ID card. That's laid-back-in-a-recliner easy.



DIABETES PREVENTION PROGRAM

Tips on how to avoid diabetes.

Lower your risk with simple, effective, practical strategies.



LIVONGO®

Diabetes management, made simple.

This program includes a blood glucose meter, testing supplies, and lifestyle support from a certified diabetes educator at no additional cost. Plus, you get a powerful digital tool to help you keep track of it all.



DISEASE MANAGEMENT PROGRAMS

Help managing chronic conditions.

Receive one-on-one nurse support for conditions like asthma, diabetes, heart disease, and other chronic conditions.



LARK CONDITION MANAGEMENT

Your own digital health coach.

Get 24/7 help for managing chronic conditions like diabetes or high blood pressure and tracking your goals by connecting with a text-based coach. Text “LARKCOACH” to 484848 and tap the link to download the app.



EMERGENCY CARE

When you need it most, you're covered.

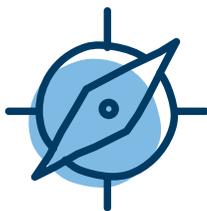
Emergency care is always covered at the in-network level of benefits, wherever you get it. So don't hesitate. If it's an emergency, go straight to the nearest emergency room or dial 911.



MENTAL HEALTH CARE

Get care for your mind, too.

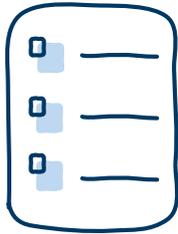
Highmark covers a wide range of mental health services, including counseling and treatment. You get a choice of providers within your plan for the type of care that fits your situation best.



SUBSTANCE ABUSE CARE

Guidance to keep you on track.

Highmark covers a spectrum of substance abuse services. Pick the substance abuse professional you feel will give you the necessary care from our list of providers.



The types of health plans built with you in mind.

HEALTH MAINTENANCE ORGANIZATION (HMO)

With an HMO plan, you choose an in-network primary care physician (PCP) to coordinate your care and refer you to specialists in the network, and you can choose to switch at any time. You'll also have coverage for out-of-network urgent and emergency care.

THE AWAY FROM HOME CARE PROGRAM

If you have family members living outside of the plan's service area, this program can cover out-of-town members. To participate, Away from Home members can set up a guest plan membership in their place of residence.



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.

- OB-GYNs specializing in high-risk pregnancy, maternal fetal medicine, and fertility.
- Board-certified pediatricians and pediatric subspecialists.
- Childbirth and certified lactation experts.
- Behavioral health specialists for emotional support.

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.



Women's health

The importance of regular mammograms.

Breast cancer is the second most common cancer among women. Mammography screenings do save lives. Preventive health services like mammographies increase the likelihood of identifying abnormalities so they can be treated early, which results in more positive outcomes. The Centers for Disease Control and Prevention (CDC) recommends women have mammograms as follows:

- Between 40 and 49 years of age: every 1–2 years.
- Between 50 and 64 years of age: annually.
- After age 65: as recommended by your physician.

Most health plan benefits include routine mammogram screening, which is generally covered in full. To make sure this benefit is included in your health coverage, call the customer service number on the back of your member ID card.

Your health and your rights.

Did you know that the Women's Health and Cancer Rights Act of 1998 requires health plans that cover mastectomies to also cover breast reconstruction and prostheses? Under this law, Highmark Blue Cross Blue Shield of Northeastern NY provides coverage to all members for the following services in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedema.

We encourage you to discuss treatment options with your physician and to refer to your contract for details about coverage for breast reconstruction. This coverage is subject to the deductibles, coinsurance, and copayments of your contract.



Women's health (cont.)

The breast-feeding law and you.

To promote breast-feeding in the state of New York, the state legislature has enacted into law the Breastfeeding Mothers' Bill of Rights, which applies to all maternal health care providers and facilities, effective May 1, 2010. The Breastfeeding Mothers' Bill of Rights is intended to inform new mothers about the benefits of breast-feeding and have health care providers and maternal health care facilities encourage and support breast-feeding. To learn more about this law and your options, please visit the state's website at: health.ny.gov/community/pregnancy/breastfeeding.

Hospital stays for new mothers.

Except for prenatal complications, we cover inpatient hospital maternity care for covered mothers and newborns. The duration of care is a minimum 48 hours for vaginal delivery and at least 96 hours for Cesarean section delivery. We also cover any additional days of care we deem medically necessary.

Product Information /Benefit Summary





HMO NYSHIP Copay with Rx

Here's how Highmark makes it simple for you:

Easy access to top-performing specialists.

Many of our participating 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.

It's all about your network.

To search for participating physicians or hospitals, you can visit member.highmark.com or call Customer Service at the number on the back of your member ID card. Remember, to keep out-of-pocket expenses at a minimum, you should seek care from participating providers.

1. Log in at member.highmark.com.
2. Choose **Find Care**.
3. Select **SEARCH NOW** under **Find a Provider**.
4. Choose **Continue**.
5. Enter the city, state or zip where you want to search for care and select **Continue**.
6. Choose your network and select **Continue**. You can find it on the back of your member ID card or in the Highmark Plan app.
7. Use the search window to type in a name, specialty, or procedure and choose a provider from the pop-up list.

Choosing the right PCP is an important part of your **HMO** plan: you'll need an in-network provider who can help coordinate your care. If you don't have an in-network PCP, use the above search process to find one.

You won't have coverage if you go out-of-network (unless for urgent or emergency care), so check that a provider is in-network before you get care.

Long-term travelers, separated families, or students who live outside of the service area for at least 90 days can become guest members in their residence's local Blue Cross and/or Blue Shield HMO, if one is available. Guest members will also remain enrolled in the original HMO plan.

For more information, please call Member Service at the number on the back of your ID card.

*According to the Blue Cross Blue Shield Association.



HMO Guest Copay without Rx

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*According to the Blue Cross Blue Shield Association.



2022 New York State Employees HMO Plan 069 Benefit Summary

2022 Highmark Blue Shield of Northeastern New York Plan 069
Benefit Summary – Commercial Plan
New York State Active Employees/Under 65 Retirees

A non-profit licensee of the Blue Cross Blue Shield Association

Note: This is not a contract or a binding agreement. It is a summary of benefits and services only. For completed benefits and conditions of coverage, please refer to your Blue Shield Member Certificate.

Note: Your eligibility guidelines maybe different from those guidelines listed in the contract. Please refer to your NYSHIP General Information Book for these guidelines or visit the New York State Department of Civil Service's website at <https://www.cs.ny.gov>

Visit [BSNENY.com](https://www.bsny.com) for our most up to date provider listing, prescription drug listing and member discount programs.

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 Doctor on Demand®	\$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

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

In-office surgical procedures	\$0
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
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
Mental health services	Cost
Home health care	\$15
Durable medical equipment	50%
Prosthetic and orthotic devices	20%
Hospice care*	\$0
Hearing aid benefit – TruHearing™	Cost
Hearing aids	\$699/\$999 per aid
Routine hearing exam – TruHearing™	\$15
Wellness	Cost
Wellness card	\$500 Single/ \$600 Family Allowance

* Hospice care is \$0 for 210 days per year of hospice benefits

Vision Benefits for Large Groups

Affinity Discount Program

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	10–20% discount off retail
Laser Vision Correction	
Laser vision correction procedure	Up to 40–50% discount off retail
Frequency	
Examination	Annual
Frames	Unlimited
Lenses	Unlimited
Contact lenses	Unlimited

over



Davis Vision, an independent company, administers vision benefits on behalf of Highmark Blue Shield of Northeastern New York. Members must receive services from a Davis Vision provider. Appropriate discounts¹ are taken at time of purchase (first purchase of eyeglasses is subject to a 35% discount; additional eyeglass purchases are subject to a 30% discount on the same transaction; additional eyeglass purchases on separate transactions are subject to a 20% discount). Services out-of-network are not covered. For more information on the Laser Vision Correction Discount Program available through Davis Vision, call 1-855-502-2020. To locate a provider near you, visit bsneny.com/vision, davisvision.com, or contact Davis Vision at 1-800-999-5431 to locate a provider near you.

1. Discounts not applicable at Walmart®, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.
2. Contact lens coverage varies by product selection.
3. Provider promotions and/or discounts may not be combined with insurance benefits or discounts.
4. 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 for 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

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

Highmark BSNEY 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)。



Coverage limitations

Some limitations to this health plan are outlined below.

Please note that your coverage may be different based on your specific plan design. Consult your contract for a complete list of benefits.

- Admission to a hospital before you become covered under this contract.
- Government hospitals.
- No-fault automobile insurance.
- Workers' compensation.
- Free care.
- Government programs.
- Blood supply (unless part of inpatient hospital care).
- Routine foot care.
- Non-covered physical examinations.
- Non-covered benefits.
- Methadone maintenance.
- Reversal of elective sterilization.
- Cosmetic surgery.

Preventive Schedule



What's preventive care?

When you're healthy, preventive care helps you stay that way. For most plans, if you see an in-network provider, essentials like scheduled shots, routine screenings, physicals, and breast exams are 100% covered.

Preventive Health Guidelines for Members

Birth – 9 months

Check the health benefit for specific preventive care coverage.

Checklist	Newborn	3-5 days	1 mo.	2 mos.	4 mos.	6 mos.	9 mos.
History	Always	Always	Always	Always	Always	Always	Always
Length/height and weight	Always	Always	Always	Always	Always	Always	Always
Head circumference	Always	Always	Always	Always	Always	Always	Always
Weight for length	Always	Always	Always	Always	Always	Always	Always
Blood pressure	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Vision	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Hearing	Always	Verify results and follow up as appropriate			At Risk	At Risk	At Risk
Developmental screening	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Always
Developmental surveillance	Always	Always	Always	Always	Always	Always	Not applicable
Psychosocial/behavior assessment	Always	Always	Always	Always	Always	Always	Always
Physical exam	Always	Always	Always	Always	Always	Always	Always
Maternal depression screening	Not applicable	Not applicable	Always	Always	Always	Always	Not applicable
Newborn metabolic/hemoglobin screening	Once during this timeframe. Preferred age is 3–5 days.				Not applicable	Not applicable	Not applicable
Newborn Bilirubin	Always	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Congenital heart defect	Always	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Immunizations	Always	Always	Always	Always	Always	Always	Always
Anemia	Not applicable	Not applicable	Not applicable	Not applicable	At Risk	Not applicable	Not applicable
Lead screening	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	At Risk	At Risk
Tuberculin test	Not applicable	Not applicable	At Risk	Not applicable	Not applicable	At Risk	Not applicable
Oral health	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Always	Always
Fluoride varnish (every 3 to 6 months once teeth are present)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Always	Always
Fluoride supplementation	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	At Risk	At Risk

Anticipatory guidance examples (see Bright Futures for complete list by age):

- Newborn transition and care:** back to sleep, daily routines, calming techniques, sleep location, tummy time, handwashing, avoid direct sun exposure
- Parental well-being:** baby blues, accept help, sleep when baby sleeps, unwanted advice
- Nutrition and feeding:** breastfeeding (vitamin D supplement), iron-fortified formula, solid foods 4–6 mos. (types and amounts), elimination, iron supplement, avoid bottle in bed, self-feeding, using a cup
- Safety:** car safety seat, smoke-free environment, no shaking, smoke detectors, crib safety, no strings/cords, poisons, burns (hot water or liquids), falls, infant walkers, drowning, choking, lead poisoning, kitchen safety, window guards, guns
- Infant development/independence:** social development, communication skills, sleep, separation anxiety, learning/developing, no TV
- Oral health:** avoid bottle in bed, brush teeth
- Family adaptations:** limit word “no,” age-appropriate discipline, domestic violence discussion, time for self/partner

★ Provide culturally and linguistically appropriate services. ★

Always At Risk Not applicable

These tools were developed by Highmark Blue Shield of Northeastern New York following Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics Bright Futures and Advisory Committee on Immunization Practices (ACIP) recommendations. Please refer to the CDC, Bright Futures and/or the ACIP websites for details. These recommendations do not indicate an exclusive course of treatment or standard of care. Variations, taking into account individual circumstances, may be appropriate.

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Preventive Health Guidelines for Members

Early Childhood Chart: 12 months – 4 years

Check the health benefit for specific preventive care coverage.

Checklist	12 mos.	15 mos.	18 mos.	24 mos.	30 mos.	3yrs.	4 yrs.
History	Always						
Length/height and weight	Always						
Head circumference	Always	Always	Always	Always	At Risk	At Risk	At Risk
Weight for length	Always	Always	Always	At Risk	At Risk	At Risk	At Risk
Body mass index (BMI)	At Risk	At Risk	At Risk	Always	Always	Always	Always
Blood pressure	At Risk	Always	Always				
Vision	At Risk	Always	Always				
Hearing	At Risk	Always					
Developmental screening	At Risk	At Risk	Always	At Risk	Always	At Risk	At Risk
Autism screening	At Risk	At Risk	Always	Always	At Risk	At Risk	At Risk
Developmental surveillance	Always	Always	At Risk	Always	At Risk	Always	Always
Psychosocial/behavior assessment	Always						
Physical exam	Always						
Immunizations	Always						
Anemia	Always	At Risk					
Lead screening	Always	At Risk	At Risk	Always	At Risk	At Risk	At Risk
Tuberculin test	At Risk						
Dyslipidemia screen	At Risk						
Oral health	At Risk						
Fluoride varnish (every 3 to 6 months once teeth are present)	Always						
Fluoride supplementation	At Risk						

Anticipatory guidance examples (see Bright Futures for complete list by age):

Family support: time for self/partner, age appropriateness, praise, consistent discipline, set/reinforce limits, show affection, seek help/support when needed

Establish routines: family traditions nap and bedtime, daily playtime/physical activity, limit screen time, toilet training, hygiene

Feeding and appetite changes: self-feeding, consistent meals/snacks, variety of nutritious foods, family meals

Communication and social development: give limited choices, stranger anxiety, read/sing/talk with child, simple words, following one/two-step commands, self-expression, playing with other children emerging independence, encourage child to talk, encourage fantasy play, preschool, curiosity about body, safety rules with adults/good and bad touches

Oral health: brush teeth twice a day, limit bottle use (water only), no bottle in bed, first dental visit

Safety: car safety seat, smoke-free environment no shaking, smoke detectors, crib safety, no strings/cords, poisons, burns (hot water or liquids), falls, drowning, choking, lead poisoning, window guards, guns/sharp objects, supervision, smoke/carbon monoxide detectors, sun exposure, dogs, fire safety, outdoor/playground safety

Always At Risk Not applicable

★ Provide culturally and linguistically appropriate services. ★

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Preventive Health Guidelines for Members

Middle Childhood Chart: 5 – 10 years

Check the health benefit for specific preventive care coverage.

Checklist	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.
History	Always	Always	Always	Always	Always	Always
Height and weight	Always	Always	Always	Always	Always	Always
Body mass index (BMI)	Always	Always	Always	Always	Always	Always
Blood pressure	Always	Always	Always	Always	Always	Always
Vision	Always	Always	At Risk	Always	At Risk	Always
Hearing	Always	Always	At Risk	Always	At Risk	Always
Developmental Surveillance	Always	Always	Always	Always	Always	Always
Psychosocial/behavior assessment	Always	Always	Always	Always	Always	Always
Physical exam	Always	Always	Always	Always	Always	Always
Immunizations	Always	Always	Always	Always	Always	Always
Anemia	At Risk	At Risk				
Lead screening	At Risk	At Risk	Not applicable	At Risk	At Risk	At Risk
Tuberculin test	At Risk	At Risk				
Dyslipidemia screen	Not applicable	At Risk	At Risk	At Risk	Once between ages 9 and 11	
Oral health	At Risk	At Risk				
Fluoride varnish (every 3 to 6 months once teeth are present)	Always	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Fluoride supplementation	At Risk	At Risk				

Anticipatory guidance examples (see Bright Futures for complete list by age):

Development and mental health: family time, anger management, appropriate discipline, limit screen time, encourage independence, praise strengths, be positive role model, discuss expected body changes, self-responsibility, discuss puberty, expect preadolescent behaviors

Nutrition and physical activity: healthy weight, well-balanced diet (fruits, vegetables, whole grains, adequate calcium), 60 minutes of exercise each day, eat meals as a family

Oral health: brushing/flossing, fluoride, regular dental visits, mouth guard for sports

Safety: age-appropriate car restraints, safety rules with adults/sexual safety, helmets, water safety, fire escape plan, smoke/carbon monoxide detectors, gun safety, sun exposure, home emergency plan, protective sports equipment, know friends and peers, monitor computer use, avoid tobacco, avoid alcohol and drugs

School: establish routines, after-school care/activities, know friends, bullying discussion, communicate with teachers, show interest in school, homework space, address bullying if a factor

Always
At Risk
Not applicable

★ Provide culturally and linguistically appropriate services. ★

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Y0086_UCD451_C

Preventive Health Guidelines for Members

Middle Childhood Chart: 11 – 18 years

Check the health benefit for specific preventive care coverage.

Checklist	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	18 yrs.
History	Always	Always	Always	Always	Always	Always	Always	Always
Height and weight	Always	Always	Always	Always	Always	Always	Always	Always
Body mass index (BMI)	Always	Always	Always	Always	Always	Always	Always	Always
Blood pressure	Always	Always	Always	Always	Always	Always	Always	Always
Vision	At Risk	Always	At Risk	At Risk	Always	At Risk	At Risk	At Risk
Hearing	Once between ages 11 and 14				Once between ages 15 and 17			Once between ages 18 and 21
Developmental surveillance	Always	Always	Always	Always	Always	Always	Always	Always
Psychosocial/behavior assessment	Always	Always	Always	Always	Always	Always	Always	Always
Tobacco, alcohol, or drug use	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Physical exam	Always	Always	Always	Always	Always	Always	Always	Always
Immunizations	Always	Always	Always	Always	Always	Always	Always	Always
Anemia	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Tuberculin test	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Dyslipidemia screening	Once between ages 9 and 11	At Risk	At Risk	At Risk	At Risk	At Risk	Once between ages 17 and 21	At Risk
STI screening	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Depression screening	At Risk	Always	Always	Always	Always	Always	Always	Always
Fluoride supplementation	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	Not applicable	Not applicable
Hepatitis C screening	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	Always
HIV screening*	At Risk	At Risk	At Risk	At Risk	At Risk	Once between ages 15 and 18		

Anticipatory guidance examples (see Bright Futures for complete list by age):

Physical growth and development: brush/floss teeth, regular dental visits, body image, balanced diet, limit screen time, physical activity
Social and academic competence: help with homework when needed, encourage reading/school, family time, age-appropriate limits, know friends, community involvement, rules/expectations, planning for after high school
Emotional well-being: decision making, dealing with stress, mental health concerns, sexuality/puberty, mood changes
Risk reduction: tobacco, alcohol or drug use, prescription drugs, know friends/activities, sex discussion
Violence and injury prevention: seat belts, guns, conflict resolution, bullying, sports helmets, protective gear, safe dating, driving restrictions

Always At Risk Not applicable

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*New York State law requires HIV testing to be offered to all individuals who access care.

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Y0086_UCD451_C

Preventive Health Guidelines for Members Adult Men

Check the health benefit for specific preventive care coverage.

TOPIC	19-39 yrs.	40-49 yrs.	50-64 yrs.	65+ yrs.
PERIODIC VISIT/LAB/TESTS/OTHER EXAMS				
Routine checkup (Every 1—2 yrs. age 19 to 49, once a year age 50 and older)	Always	Always	Always	Always
Blood pressure (if elevated, measure outside clinical setting to confirm prior to treatment)	Always	Always	Always	Always
Hepatitis C screening: ages 18-79	Always	Always	Always	Always
Hepatitis B screening: if at risk	At Risk	At Risk	At Risk	At Risk
HIV testing: * ages 15-65; older if at risk	Always	Always	Always	At Risk
Lipid screening (once between age 18-21, then based on cardiovascular disease CVD risk)	Always	At Risk	At Risk	At Risk
Chlamydia screening: if at risk and at least annually for sexually active MSM,** more frequently if at increased risk	At Risk	At Risk	At Risk	At Risk
Gonorrhea screening: at least annually for sexually active MSM,** more frequently if at increased risk	At Risk	At Risk	At Risk	At Risk
Syphilis screening: at least annually for sexually active MSM, ** more frequently if at increased risk	At Risk	At Risk	At Risk	At Risk
TB screening	At Risk	At Risk	At Risk	At Risk
Type 2 diabetes screening: ages 40-70 for those overweight or obese	At Risk	Always	Always	Always
Colorectal cancer screening: beginning at age 45 until age 75, younger or older based on risk <ul style="list-style-type: none"> Fecal occult blood/FIT (annually) or FIT DNA (every three yrs.) or Sigmoidoscopy (every 5 yrs.) or with FIT every 10 yrs. or Colonoscopy (every 10 yrs.) or CT colonography (every 5 yrs.) 	At Risk	At Risk	Always	Always
Abdominal aortic aneurysm: 1 x screening for men ages 65-75, if ever smoked	Not applicable	Not applicable	Not applicable	Always
Lung cancer screening: ages 50-80 with 20-pack per year history, who currently smoke or quit within past 15 years	Not applicable	Not applicable	Always	Always
IMMUNIZATIONS (check footnotes on CDC current schedule)				
Tetanus, diphtheria, pertussis (Tdap or Td): get Tdap vaccine once, then Tdap or Td booster every 10 yrs.	Always	Always	Always	Always
Flu (Influenza) vaccine annually	Always	Always	Always	Always
Pneumococcal vaccines: ages 65 yrs. or older; younger if at risk	At Risk	At Risk	Always	Always
Shingles (Zoster) vaccine: 2 doses Shingrix age 50 and older	Not applicable	Not applicable	Always	Always
Meningococcal vaccines: if at risk or after consultation with doctor	At Risk	At Risk	At Risk	At Risk
Chickenpox (Varicella) vaccine: 2 doses if no history of chicken pox	Always	Always	Always	Always
Hep A vaccine: if at risk, 2 to 3 doses depending on vaccine	At Risk	At Risk	At Risk	At Risk
Hep B vaccine: if at risk, 2 to 3 doses depending on vaccine	At Risk	At Risk	At Risk	At Risk
MMR vaccine: 1 to 2 doses depending on indication (if born in 1957 or later)	Always	Always	Always	Not applicable
HPV vaccine: 2 to 3 doses ages 19–26, ages 27-45 after consultation with doctor	Always	Always	Not applicable	Not applicable
Haemophilus influenza type b (Hib) 1 or 3 doses depending on indication	At Risk	At Risk	At Risk	At Risk
COVID-19 vaccine: 1 to 2 doses depending on vaccine	Always	Always	Always	Always

Always At Risk Not applicable

* New York State law requires HIV testing to be offered to all individuals who access care.

** MSM = men who have sex with men.

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Preventive Health Guidelines for Members Adult Men

Check the health benefit for specific preventive care coverage.

TOPIC	19-39 yrs.	40-49 yrs.	50-64 yrs.	65+ yrs.
COUNSELING/SCREENING				
Smoking cessation: if applicable	Always	Always	Always	Always
Alcohol/substance abuse	Always	Always	Always	Always
STD/HIV/sexual behavior	Always	Always	Always	Always
Family planning	Always	Always	Not applicable	Not applicable
Dental health	Always	Always	Always	Always
Sun exposure/skin cancer	Always	Always	Always	Always
Injury prevention, including seat belts, helmet use, falls	Always	Always	Always	Always
Life-stage issues, including family, caregiving, and bereavement	Always	Always	Always	Always
Health care proxy/advance directives	Always	Always	Always	Always
OTC drugs including vitamins and holistic medical review	Always	Always	Always	Always
Aspirin therapy: adults ages 50-59 yrs. at risk for CVD	Not applicable	At Risk	At Risk	Not applicable
Statin use: adults ages 40-75 yrs. if appropriate based on risk	Not applicable	At Risk	At Risk	At Risk
Workplace violence	Always	Always	Always	Always
Domestic violence	Always	Always	Always	Always
Risk-taking behavior	Always	Always	Always	Always
Stress management	Always	Always	Always	Always
Nutrition	Always	Always	Always	Always
Bladder control	Not applicable	Not applicable	Not applicable	Always
Depression screening once a year	Always	Always	Always	Always

★ Provide culturally and linguistically appropriate services. ★

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These recommendations do not indicate an exclusive course of treatment or standard of care. Variations,

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Preventive Health Guidelines for Members

Adult Women

Check the health benefit for specific preventive care coverage.

TOPIC	19-39 yrs.	40-49 yrs.	50-64 yrs.	65+ yrs.
PERIODIC VISIT/LAB/TESTS/OTHER EXAMS				
Routine checkup (Every 1—2 yrs. age 19 to 49, once a year age 50 and older)	Always	Always	Always	Always
Blood pressure (if elevated, measure outside clinical setting to confirm prior to treatment)	Always	Always	Always	Always
Hepatitis C screening: ages 18-79	Always	Always	Always	Always
Hepatitis B screening: at first prenatal visit if pregnant; others if at risk	Always	Always	At Risk	At Risk
HIV testing: * age 15-65 and all pregnant women; older if at risk	Always	Always	Always	At Risk
Lipid screening (once between age 18-21, then based on cardiovascular disease CVD risk)	Always	At Risk	At Risk	At Risk
Cervical cancer screening: Pap test every 3 yrs. ages 21-65, or can opt for pap test with HPV test every 5 yrs. or HPV test alone every 5 yrs. starting at age 30	Always	Always	Always	Not applicable
Chlamydia screening: pregnant and sexually active women age 24 and younger; older if at risk	Always	At Risk	At Risk	At Risk
Gonorrhea screening: pregnant and sexually active women age 24 and younger; older if at risk	Always	At Risk	At Risk	At Risk
Syphilis screening: if pregnant; others if at risk	At Risk	At Risk	At Risk	At Risk
Rh antibody testing: if pregnant during first OB visit	Always	Always	Not applicable	Not applicable
Mammogram Screening: every 2 yrs. ages 50-74, younger if at risk; prescription required	At Risk	At Risk	Always	Always
TB screening	At Risk	At Risk	At Risk	At Risk
Breast Cancer Genetic (BRCA) Screening	At Risk	At Risk	At Risk	At Risk
Type 2 diabetes screening: ages 40-70 for those overweight or obese	At Risk	Always	Always	Always
Gestational diabetes: if pregnant after 24 weeks gestation	At Risk	Always	Always	Always
Colorectal cancer screening: beginning at age 45 until age 75, younger or older based on risk <ul style="list-style-type: none"> Fecal occult blood/FIT (annually) or FIT DNA (every three yrs.) or Sigmoidoscopy (every 5 yrs.) or with FIT every 10 yrs. or Colonoscopy (every 10 yrs.) or CT colonography (every 5 yrs.) 	At Risk	At Risk	Always	Always
Osteoporosis screening/bone density testing: starting at age 65; younger if at risk	At Risk	At Risk	At Risk	Always
Lung cancer screening: ages 50-80 with 20-pack per year history, who currently smoke or quit within past 15 years	Not applicable	Not applicable	Always	Always

Always At Risk Not applicable

* New York State law requires HIV testing to be offered to all individuals who access care. Pregnant women also require repeat testing in the third trimester.
 ** The American College of Obstetricians and Gynecologists also recommends Tdap for pregnant women in the third trimester.

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Preventive Health Guidelines for Members

Adult Women

Check the health benefit for specific preventive care coverage.

TOPIC	19-39 yrs.	40-49 yrs.	50-64 yrs.	65+ yrs.
IMMUNIZATIONS (check footnotes on CDC current schedule)				
Tetanus, diphtheria, pertussis (Tdap or Td): get Tdap vaccine once, then Tdap or Td booster every 10	Always	Always	Always	Always
Flu (Influenza) vaccine annually	Always	Always	Always	Always
Pneumococcal vaccines: ages 65 yrs. or older; younger if at risk	At Risk	At Risk	At Risk	Always
Shingles (Zoster) vaccine: 2 doses Shingrix age 50 and older	Not applicable	Not applicable	Always	Always
Meningococcal vaccines: if at risk or after consultation with doctor	At Risk	At Risk	At Risk	At Risk
Chickenpox (Varicella) vaccine: 2 doses if no history of chicken pox	Always	Always	Always	Always
Hep A vaccine: if at risk, 2 to 3 doses depending on vaccine	At Risk	At Risk	At Risk	At Risk
Hep B vaccine: if at risk, 2 to 3 doses depending on vaccine	At Risk	At Risk	At Risk	At Risk
MMR vaccine: 1 to 2 doses depending on indication (if born in 1957 or later)	Always	Always	Always	Not applicable
HPV vaccine: 2 to 3 doses ages 19–26, ages 27-45 after consultation with doctor	Always	Always	Not applicable	Not applicable
Haemophilus influenza type b (Hib) 1 or 3 doses depending on indication	At Risk	At Risk	At Risk	At Risk
COVID-19 vaccine: 1 to 2 doses depending on vaccine	Always	Always	Always	Always
COUNSELING/SCREENING				
Exercise promotion	Always	Always	Always	Always
Smoking cessation: if applicable	Always	Always	Always	Always
Alcohol/substance abuse	Always	Always	Always	Always
STD/HIV/sexual behavior	Always	Always	Always	Always
Family planning	Always	Always	At Risk	At Risk
Dental health	Always	Always	Always	Always
Sun exposure/skin cancer	Always	Always	Always	Always
Injury prevention, including seat belts, helmet use, falls	Always	Always	Always	Always
Life-stage issues, including family, caregiving, and bereavement	Always	Always	Always	Always
Health care proxy/advance directives	Always	Always	Always	Always
OTC drugs including vitamins and holistic medical review	Always	Always	Always	Always
Aspirin therapy: adults ages 50-59 yrs. at risk for CVD	Not applicable	Not applicable	At Risk	Not applicable
Folic Acid: women planning or capable of pregnancy	Always	Always	Not applicable	Not applicable
Statin use: adults ages 40-75 yrs. if appropriate based on risk	Not applicable	At Risk	At Risk	At Risk
Domestic violence	Always	Always	Always	Always
Workplace violence	Always	Always	Always	Always
Risk-taking behavior	Always	Always	Always	Always
Stress management	Always	Always	Always	Always
Nutrition	Always	Always	Always	Always
Bladder control	Not applicable	Not applicable	Not applicable	Always
Depression screening once a year	Always	Always	Always	Always

Always At Risk Not applicable

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Prescription Drug Coverage





PRESCRIPTION DRUG BENEFITS

Here's how your drug coverage works.

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. You can save even more by using mail order for maintenance prescription drugs.

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.

- 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.

For drug coverage questions please call us at 1-844-639-2440

Once you're a member, you can log in to member.highmark.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.

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

1. Call the Pharmacy Hotline at **800-600-2227**.
2. Send a request online by using the **NaviNet®** program.
3. Fax a request form to the Hotline staff at **866-240-8123**.

(Get a form at member.highmark.com by selecting the **Resources** tab and choosing **Forms Library** from the left menu. Select GET YOUR FORMS from the Health Care Forms Library and choose **Pharmacy/Rx.**)



Save even more with the mail order pharmacy.

If you take medications regularly, the mail order pharmacy can make life simpler and help you save with:

- 90-day drug refills with just a single copay.
- 24/7 ordering online, by mail, or by phone.
- Typical delivery in three to five days.
- Free standard shipping.
- Helpful pharmacists available to you 24/7.
- Simple payments via e-check, credit card, or a health spending account.



How to start using the mail order pharmacy

Get a new prescription for up to a 90-day supply, plus refills for up to one year from your doctor. Then:

- Have your doctor fax in your new prescription or submit it as an e-prescription.

Or

- Use it to file your Pharmacy Mail Order Form and Health, Allergy, and Medication Questionnaire.

You'll find those forms at the end of this Pharmacy Benefits section. They're also available at member.highmark.com by selecting the **Resources** tab and choosing **Forms Library** from the left menu. Select **GET YOUR FORMS** from the Health Care Forms Library and choose **Pharmacy/Rx**.

Mail your completed forms to:

Express Scripts

Home Delivery Service

P.O. Box 74700, Cincinnati, OH 45273

For help with your order, call pharmacy services at 1-800-903-6228 (TTY call 1-800-759-1089).



PARTICIPATING NATIONAL PLUS NETWORK PHARMACIES:

Over 63,000 pharmacies are in the National Plus network, including:

- | | | |
|------------------------------|-------------------------------|------------------------|
| Accredo | Ingles Markets | Red Cross Pharmacy |
| Ahold | InstyMeds | Rite Aid |
| Albertsons | Kelsey-Seybold Pharmacy Div | Roundy's Supermarkets |
| Aurora Pharmacy | Kinney Drugs | Safeway |
| Bartell Drugs | Kmart | Sav-On |
| Big Y Foods | Knight Drugs | Save Mart Supermarkets |
| Bi-Lo Holdings | Kroger | Schnucks |
| Bi-Mart | Lewis Drugs Inc | Seip Drug |
| Brookshire Brothers | MK Stores | Spartan |
| Brookshire Grocery | Marc Glassman | SuperValu |
| Coborn's | Maxor Pharmacy | Target (CVS Pharmacy) |
| Costco | Med-Fast Pharmacy | Thrifty White Stores |
| CVS | The Medicine Shoppe | Tops Markets |
| Dept. of Veterans Affairs | Meijer | United Supermarkets |
| Discount Drug Mart | Metrocare | Unity Pharmacies |
| Family Care | NeighborCare | Value Drugs |
| Farmacias Plaza | Northeast Ohio Neighborhood | Wakefern |
| Food City Pharmacy | Omnicare | Walgreens |
| Fruth Pharmacy | Osborn Drugs Inc | Walmart |
| Giant Eagle | Patient First | Wegmans |
| Hannaford Brothers | Pharmaca Integrative Pharmacy | Weis Markets |
| Harps & Price Cutter | PharMerica | |
| H-E-B Grocery | Planned Parenthood | |
| Henry Ford Health System | PrescribeIT Rx | |
| HIP Pharmacy Services | Price Chopper Pharmacy | |
| Homeland Pharmacy | Publix | |
| Horton & Converse Pharmacies | Raley's | |
| Hy-Vee | Reasor's | |
| IHC Pharmacy Services | ReCept Pharmacy | |

Brand and Generic Preventive Drug List

The presence of a drug on this list does not guarantee coverage. Your benefit plan determines coverage of medications. Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.

All medications listed are still subject to Formulary management such as prior authorization, step-edits, quantity limits, and tier placement.

This list is subject to change and may include additional drugs based on your plan benefits.



HIGHMARK
NORTHEASTERN NEW YORK

bsneny.com

Ace Inhibitors

BENAZEPRIL	GENERIC
CAPTOPRIL	GENERIC
ENALAPRIL MALEATE	GENERIC
ENALAPRILAT	GENERIC
FOSINOPRIL	GENERIC
LISINOPRIL.....	GENERIC
MOEXIPRIL	GENERIC
PERINDOPRIL ERBUMINE	GENERIC
QUINAPRIL	GENERIC
RAMIPRIL.....	GENERIC
TRANDOLAPRIL	GENERIC
ACCUPRIL	BRAND
ALTACE	BRAND
EPANED	BRAND
LOTENSIN	BRAND
PRINIVIL.....	BRAND
QBRELIS.....	BRAND
VASOTEC	BRAND
ZESTRIL.....	BRAND

Adrenergic Agonist

DROXIDOPA.....	GENERIC
MIDODRINE	GENERIC
NORTHERA	BRAND

Adrenergic Antagonists and Related Drugs

CLONIDINE	GENERIC
DOXAZOSIN MESYLATE	GENERIC
GUANFACINE	GENERIC
METHYLDOPA.....	GENERIC
METHYLDOPA-HYDROCHLOROTHIAZIDE....	GENERIC
METHYLDOPATE	GENERIC
PHENOXYBENZAMINE	GENERIC
PRAZOSIN	GENERIC
TERAZOSIN	GENERIC
CARDURA	BRAND
CARDURA XL.....	BRAND
CATAPRES.....	BRAND
DIBENZYLIN	BRAND
MINIPRESS.....	BRAND

Angiotensin II Receptor Blockers and Renin Inhibitors

ALISKIREN.....	GENERIC
CANDESARTAN CILEXETIL.....	GENERIC
CANDESARTAN-HYDROCHLOROTHIAZID	GENERIC
EPROSARTAN MESYLATE.....	GENERIC
IRBESARTAN	GENERIC
IRBESARTAN-HYDROCHLOROTHIAZIDE	GENERIC
LOSARTAN POTASSIUM	GENERIC
LOSARTAN-HYDROCHLOROTHIAZIDE	GENERIC
OLMESARTAN MEDOXOMIL	GENERIC
OLMESARTAN-HYDROCHLOROTHIAZIDE	GENERIC
TELMISARTAN	GENERIC
TELMISARTAN-HYDROCHLOROTHIAZID.....	GENERIC
VALSARTAN	GENERIC
VALSARTAN-HYDROCHLOROTHIAZIDE	GENERIC
ATACAND	BRAND
ATACAND HCT	BRAND
AVALIDE.....	BRAND
AVAPRO.....	BRAND
BENICAR	BRAND
BENICAR HCT.....	BRAND
COZAAR	BRAND
DIOVAN	BRAND
DIOVAN HCT.....	BRAND
EDARBI	BRAND
EDARBYCLOR.....	BRAND
HYZAAR	BRAND
MICARDIS	BRAND
MICARDIS HCT.....	BRAND
TEKTURNA	BRAND
TEKTURNA HCT	BRAND

Anticoagulants/Antithrombotics

ANAGRELIDE HCL	GENERIC
ASPIRIN-DIPYRIDAMOLE ER	GENERIC
CLOPIDOGREL.....	GENERIC
DIPYRIDAMOLE	GENERIC
ENOXAPARIN	GENERIC
FONDAPARINUX	GENERIC
JANTOVEN	GENERIC
PRASUGREL HCL	GENERIC
WARFARIN	GENERIC

AGGRENEX.....	BRAND
AGRYLIN	BRAND
ARIXTRA.....	BRAND
ASPIRIN-OMEPRAZOLE.....	BRAND
BEVYXXA.....	BRAND
BRILINTA.....	BRAND
COUMADIN	BRAND
DURLAZA	BRAND
EFFIENT	BRAND
ELIQUIS.....	BRAND
FRAGMIN.....	BRAND
LOVENOX.....	BRAND
PLAVIX	BRAND
PRADAXA.....	BRAND
SAVAYSA.....	BRAND
XARELTO.....	BRAND
YOSPRALA.....	BRAND
ZONTIVITY	BRAND

Antiemetics

APREPITANT	GENERIC
COMPRO	GENERIC
DIMENHYDRINATE	GENERIC
DOXYLAMINE SUCC-PYRIDOXINE HCL	GENERIC
DRONABINOL	GENERIC
FOSAPREPITANT DIMEGLUMINE	GENERIC
GRANISETRON HCL.....	GENERIC
MECLIZINE HCL.....	GENERIC
ONDANSETRON HCL.....	GENERIC
ONDANSETRON ODT.....	GENERIC
PALONOSETRON HCL	GENERIC
PHENADOZ	GENERIC
PROCHLORPERAZINE.....	GENERIC
PROMETHAZINE HCL.....	GENERIC
PROMETHEGAN	GENERIC
SCOPOLAMINE	GENERIC
TRIMETHOBENZAMIDE HCL.....	GENERIC
AKYNZEO	BRAND
ALOXI.....	BRAND
ANTIVERT	BRAND
ANZEMET	BRAND
BARHEMSYS	BRAND
BONJESTA.....	BRAND
CESAMET.....	BRAND
CINVANTI.....	BRAND

COMPAZINE.....	BRAND
DICLEGIS	BRAND
EMEND	BRAND
MARINOL.....	BRAND
PALONOSETRON HCL	BRAND
PHENERGAN	BRAND
SANCUSO.....	BRAND
SUSTOL	BRAND
SYNDROS	BRAND
TIGAN	BRAND
TRANSDERM-SCOP	BRAND
VARUBI	BRAND
ZOFRAN	BRAND
ZOFRAN ODT	BRAND
ZUPLENZ.....	BRAND

Antiestrogens

ANASTROZOLE.....	GENERIC
EXEMESTANE.....	GENERIC
LETROZOLE	GENERIC
TAMOXIFEN CITRATE	GENERIC
ARIMIDEX	BRAND
AROMASIN	BRAND
FEMARA.....	BRAND
SOLTAMOX	BRAND

Antihypertensive, Other

AMLODIPINE BESYLATE-BENAZEPRIL.....	GENERIC
AMLODIPINE-OLMESARTAN	GENERIC
AMLODIPINE-VALSARTAN.....	GENERIC
AMLODIPINE-VALSARTAN-HCTZ	GENERIC
ATENOLOL-CHLORTHALIDONE.....	GENERIC
BENAZEPRIL-HYDROCHLOROTHIAZIDE	GENERIC
BISOPROLOL-HYDROCHLOROTHIAZIDE	GENERIC
CAPTOPRIL-HYDROCHLOROTHIAZIDE.....	GENERIC
ENALAPRIL-HYDROCHLOROTHIAZIDE	GENERIC
FOSINOPRIL-HYDROCHLOROTHIAZIDE	GENERIC
HYDRALAZINE	GENERIC
LISINOPRIL-HYDROCHLOROTHIAZIDE	GENERIC
METOPROLOL-HYDROCHLOROTHIAZIDE	GENERIC
MOEXIPRIL-HYDROCHLOROTHIAZIDE.....	GENERIC
NADOLOL-BENDROFLUMETHIAZIDE.....	GENERIC
OLMESARTAN-AMLODIPINE-HCTZ.....	GENERIC
PROPRANOLOL-HYDROCHLOROTHIAZID	GENERIC

QUINAPRIL-HYDROCHLOROTHIAZIDE.....	GENERIC
TELMISARTAN-AMLODIPINE.....	GENERIC
TRANDOLAPRIL-VERAPAMIL ER.....	GENERIC
ACCURETIC.....	BRAND
AZOR.....	BRAND
BYVALSON.....	BRAND
CORZIDE.....	BRAND
DUTOPROL.....	BRAND
EXFORGE.....	BRAND
EXFORGE HCT.....	BRAND
LOPRESSOR HCT.....	BRAND
LOTENSIN HCT.....	BRAND
LOTREL.....	BRAND
METOPROLOL SUCCINATE ER-HCTZ.....	BRAND
PRESTALIA.....	BRAND
TARKA.....	BRAND
TENORETIC 100.....	BRAND
TENORETIC 50.....	BRAND
TRIBENZOR.....	BRAND
TWYNSTA.....	BRAND
VASERETIC.....	BRAND
ZESTORETIC.....	BRAND
ZIAC.....	BRAND

BENZNIDAZOLE.....	BRAND
COARTEM.....	BRAND
CYTOVENE.....	BRAND
DARAPRIM.....	BRAND
FLUMADINE.....	BRAND
FOSCAVIR.....	BRAND
GANCICLOVIR.....	BRAND
HYDROXYCHLOROQUINE SULFATE.....	BRAND
IMPAVIDO.....	BRAND
KRINTAFEL.....	BRAND
LAMPIT.....	BRAND
MALARONE.....	BRAND
MEPRON.....	BRAND
NEBUPENT.....	BRAND
PENTAM 300.....	BRAND
PLAQUENIL.....	BRAND
PREVYMIS.....	BRAND
PRIMAQUINE.....	BRAND
QUALAQUIN.....	BRAND
RAPIVAB.....	BRAND
RELENZA.....	BRAND
SITAVIG.....	BRAND
TAMIFLU.....	BRAND
VALCYTE.....	BRAND
VALTREX.....	BRAND
XOFLUZA.....	BRAND
ZOVIRAX.....	BRAND

Antivirals

ACYCLOVIR.....	GENERIC
ATOVAQUONE.....	GENERIC
ATOVAQUONE-PROGUANIL.....	GENERIC
CHLOROQUINE PHOSPHATE.....	GENERIC
FAMCICLOVIR.....	GENERIC
FOSCARNET.....	GENERIC
GANCICLOVIR.....	GENERIC
HYDROXYCHLOROQUINE SULFATE.....	GENERIC
MEFLOQUINE.....	GENERIC
OSELTAMIVIR PHOSPHATE.....	GENERIC
PENTAMIDINE ISETHIONATE.....	GENERIC
PRIMAQUINE.....	GENERIC
PYRIMETHAMINE.....	GENERIC
QUININE SULFATE.....	GENERIC
RIMANTADINE.....	GENERIC
VALACYCLOVIR.....	GENERIC
VALGANCICLOVIR.....	GENERIC
ACYCLOVIX.....	BRAND
ARAKODA.....	BRAND
ARTESUNATE.....	BRAND

Beta Blockers

ACEBUTOLOL.....	GENERIC
ATENOLOL.....	GENERIC
BETAXOLOL.....	GENERIC
BISOPROLOL FUMARATE.....	GENERIC
CARVEDILOL.....	GENERIC
CARVEDILOL ER.....	GENERIC
ESMOLOL -SODIUM.....	GENERIC
LABETALOL.....	GENERIC
METOPROLOL SUCCINATE.....	GENERIC
METOPROLOL TARTRATE.....	GENERIC
NADOLOL.....	GENERIC
NEBIVOLOL.....	GENERIC
PINDOLOL.....	GENERIC
PROPRANOLOL.....	GENERIC
PROPRANOLOL ER.....	GENERIC
TIMOLOL MALEATE.....	GENERIC

BREVIBLOC	BRAND
BYSTOLIC	BRAND
COREG	BRAND
COREG CR	BRAND
CORGARD	BRAND
HEMANGEOL	BRAND
INDERAL LA	BRAND
INDERAL XL	BRAND
INNOPRAN XL	BRAND
KAPSPARGO SPRINKLE	BRAND
LABETALOL	BRAND
LOPRESSOR	BRAND
TENORMIN	BRAND
TOPROL XL	BRAND

CLEVIPREX	BRAND
CONJUPRI	BRAND
KATERZIA	BRAND
NORVASC	BRAND
NYMALIZE	BRAND
PROCARDIA	BRAND
PROCARDIA XL	BRAND
SULAR	BRAND
TIAZAC	BRAND
VERELAN	BRAND
VERELAN PM	BRAND

Colony Stimulating Factors

Calcium Channel Blockers

AFEDITAB CR	GENERIC
AMLODIPINE BESYLATE	GENERIC
CARTIA XT	GENERIC
DILTIAZEM 12HR ER	GENERIC
DILTIAZEM 24HR ER	GENERIC
DILTIAZEM 24HR ER (CD)	GENERIC
DILTIAZEM 24HR ER (LA)	GENERIC
DILTIAZEM 24HR ER (XR)	GENERIC
DILTIAZEM	GENERIC
DILT-XR	GENERIC
FELODIPINE ER	GENERIC
ISRADIPINE	GENERIC
MATZIM LA	GENERIC
NICARDIPINE	GENERIC
NIFEDIPINE	GENERIC
NIFEDIPINE ER	GENERIC
NISOLDIPINE	GENERIC
TAZTIA XT	GENERIC
TIADYLT ER	GENERIC
VERAPAMIL ER	GENERIC
VERAPAMIL ER PM	GENERIC
VERAPAMIL	GENERIC
VERAPAMIL SR	GENERIC
ADALAT CC	BRAND
CALAN	BRAND
CALAN SR	BRAND
CARDIZEM	BRAND
CARDIZEM CD	BRAND
CARDIZEM LA	BRAND

ARANESP	BRAND
EPOGEN	BRAND
FULPHILA	BRAND
GRANIX	BRAND
LEUKINE	BRAND
MIRCERA	BRAND
NEULASTA	BRAND
NEULASTA ONPRO	BRAND
NEUPOGEN	BRAND
NIVESTYM	BRAND
NYVEPRIA	BRAND
PROCRIT	BRAND
RETACRIT	BRAND
UDENYCA	BRAND
ZARXIO	BRAND
ZIEXTENZO	BRAND

Contraceptives

AFIRMELLE	GENERIC
AFTER PILL	GENERIC
ALTAVERA	GENERIC
ALYACEN	GENERIC
AMETHIA	GENERIC
AMETHIA LO	GENERIC
AMETHYST	GENERIC
APRI	GENERIC
ARANELLE	GENERIC
ASHLYNA	GENERIC
AUBRA	GENERIC
AUBRA EQ	GENERIC
AUROVELA	GENERIC

*Restrictions apply. Please consult your doctor or pharmacist for more information. The presence of a drug on this list does not guarantee specific coverage benefits. In some cases, additional information — such as the dose of the medication or the age of the member — must be taken into consideration when determining benefit.

AUROVELA 24 FE	GENERIC	HAILEY	GENERIC
AUROVELA FE	GENERIC	HAILEY 24 FE	GENERIC
AVIANE	GENERIC	HAILEY FE	GENERIC
AYUNA.....	GENERIC	HEATHER	GENERIC
AZURETTE.....	GENERIC	HYDROXYPROGESTERONE CAPROATE.....	GENERIC
BALZIVA.....	GENERIC	ICLEVIA	GENERIC
BEKYREE	GENERIC	INCASSIA	GENERIC
BLISOVI 24 FE	GENERIC	INTROVALE.....	GENERIC
BLISOVI FE	GENERIC	ISIBLOOM	GENERIC
BRIELLYN	GENERIC	JAIMIESS.....	GENERIC
CAMILA.....	GENERIC	JASMIEL.....	GENERIC
CAMRESE.....	GENERIC	JENCYCLA	GENERIC
CAMRESE LO.....	GENERIC	JOLESSA	GENERIC
CAZANT	GENERIC	JOLIVETTE.....	GENERIC
CHARLOTTE 24 FE.....	GENERIC	JULEBER.....	GENERIC
CHATEAL.....	GENERIC	JUNEL	GENERIC
CHATEAL EQ	GENERIC	JUNEL FE.....	GENERIC
CRYSSELLE	GENERIC	JUNEL FE 24.....	GENERIC
CYCLAFEM	GENERIC	KAITLIB FE.....	GENERIC
CYRED.....	GENERIC	KALLIGA	GENERIC
CYRED EQ	GENERIC	KARIVA	GENERIC
DASSETTA.....	GENERIC	KELNOR 1-35	GENERIC
DAYSEE	GENERIC	KELNOR 1-50	GENERIC
DEBLITANE	GENERIC	KIMIDESS.....	GENERIC
DESOGESTREL-ETHINYL ESTRADIOL.....	GENERIC	KURVELO	GENERIC
DESOGESTR-ETH ESTRAD ETH ESTRA.....	GENERIC	LARIN.....	GENERIC
DOLISHALE	GENERIC	LARIN 24 FE	GENERIC
DROSPIRENONE-ETH ESTRA-LEVOMEF.....	GENERIC	LARIN FE	GENERIC
DROSPIRENONE-ETHINYL ESTRADIOL.....	GENERIC	LARISSIA	GENERIC
ECONTRA EZ	GENERIC	LAYOLIS FE.....	GENERIC
ECONTRA ONE-STEP.....	GENERIC	LEENA	GENERIC
ELINEST.....	GENERIC	LESSINA	GENERIC
ELURYNG	GENERIC	LEVONEST.....	GENERIC
EMOQUETTE	GENERIC	LEVONORGESTREL	GENERIC
ENPRESSE	GENERIC	LEVONORGESTREL-ETH ESTRADIOL.....	GENERIC
ENSKYCE	GENERIC	LEVONORG-ETH ESTRAD ETH ESTRAD	GENERIC
ERRIN.....	GENERIC	LEVORA-28	GENERIC
ESTARYLLA.....	GENERIC	LILLOW	GENERIC
ETHYNODIOL-ETHINYL ESTRADIOL	GENERIC	LOJAIMIESS.....	GENERIC
ETONOGESTREL-ETHINYL ESTRADIOL.....	GENERIC	LORYNA	GENERIC
FALMINA	GENERIC	LOW-OGESTREL.....	GENERIC
FAYOSIM.....	GENERIC	LO-ZUMANDIMINE.....	GENERIC
FEMYNOR	GENERIC	LUTERA	GENERIC
GEMMILY.....	GENERIC	LYLEQ.....	GENERIC
GIANVI.....	GENERIC	LYZA.....	GENERIC
GYNOL II	GENERIC	MARLISSA.....	GENERIC

MEDROXYPROGESTERONE ACETATE	GENERIC	SPRINTEC.....	GENERIC
MELODETTA 24 FE.....	GENERIC	SRONYX	GENERIC
MERZEE	GENERIC	SYEDA	GENERIC
MIBELAS 24 FE	GENERIC	TARINA 24 FE.....	GENERIC
MICROGESTIN	GENERIC	TARINA FE	GENERIC
MICROGESTIN FE.....	GENERIC	TARINA FE 1-20 EQ.....	GENERIC
MILI	GENERIC	TAYSOFY	GENERIC
MONO-LINYAH.....	GENERIC	TILIA FE.....	GENERIC
MONONESSA.....	GENERIC	TRI FEMYNOR	GENERIC
MY CHOICE	GENERIC	TRI-ESTARYLLA	GENERIC
MY WAY	GENERIC	TRI-LEGEST FE.....	GENERIC
MYZILRA	GENERIC	TRI-LINYAH	GENERIC
NECON.....	GENERIC	TRI-LO-ESTARYLLA.....	GENERIC
NEW DAY.....	GENERIC	TRI-LO-MARZIA.....	GENERIC
NIKKI.....	GENERIC	TRI-LO-MILI	GENERIC
NORA-BE	GENERIC	TRI-LO-SPRINTEC.....	GENERIC
NORETHINDRONE	GENERIC	TRI-MILI	GENERIC
NORETHINDRONE ACETATE.....	GENERIC	TRINESSA.....	GENERIC
NORETHINDRONE-E. ESTRADIOL-IRON	GENERIC	TRINESSA LO.....	GENERIC
NORETHINDRON-ETHINYL ESTRADIOL.....	GENERIC	TRI-NYMYO.....	GENERIC
NORETHIN-ETH ESTRA-FERROUS FUM	GENERIC	TRI-PREVIFEM	GENERIC
NORGESTIMATE-ETHINYL ESTRADIOL	GENERIC	TRI-SPRINTEC	GENERIC
NORGESTREL-ETHINY ESTRA.....	GENERIC	TRIVORA-28.....	GENERIC
NORLYDA.....	GENERIC	TRI-VYLIBRA.....	GENERIC
NORTREL	GENERIC	TRI-VYLIBRA LO	GENERIC
NYLIA.....	GENERIC	TULANA	GENERIC
NYMYO	GENERIC	TYDEMY	GENERIC
OCELLA	GENERIC	VCF	GENERIC
OGESTREL.....	GENERIC	VELIVET	GENERIC
OPCICON ONE-STEP	GENERIC	VESTURA	GENERIC
OPTION 2.....	GENERIC	VIENVA	GENERIC
ORSYTHIA	GENERIC	VIORELE.....	GENERIC
PHILITH.....	GENERIC	VOLNEA.....	GENERIC
PIMTREA.....	GENERIC	VYFEMLA	GENERIC
PIRMELLA	GENERIC	VYLIBRA.....	GENERIC
PORTIA	GENERIC	WERA.....	GENERIC
PREVIFEM.....	GENERIC	WYMZYA FE.....	GENERIC
PROGESTERONE	GENERIC	XULANE	GENERIC
QUASENSE.....	GENERIC	ZAFEMY	GENERIC
RAJANI.....	GENERIC	ZARAH	GENERIC
RECLIPSEN	GENERIC	ZOVIA 1-35	GENERIC
RIVELSA	GENERIC	ZOVIA 1-35E	GENERIC
SETLAKIN	GENERIC	ZUMANDIMINE	GENERIC
SHAROBEL	GENERIC	AFTERA.....	BRAND
SIMLIYA	GENERIC	ANNOVERA.....	BRAND
SIMPESSE.....	GENERIC	AYGESTIN	BRAND

BALCOLTRA BRAND
 BEYAZ BRAND
 CAYA CONTOURED BRAND
 CONCEPTROL BRAND
 CRINONE BRAND
 DEPO-PROVERA BRAND
 DEPO-SUBQ PROVERA 104 BRAND
 ELLA BRAND
 ESTROSTEP FE BRAND
 FEMCAP BRAND
 GENERESS FE BRAND
 KYLEENA BRAND
 LILETTA BRAND
 LO LOESTRIN FE BRAND
 LOESTRIN BRAND
 LOESTRIN FE BRAND
 LOSEASONIQUE BRAND
 MICROGESTIN 24 FE BRAND
 MINASTRIN 24 FE BRAND
 MIRCETTE BRAND
 MIRENA BRAND
 NATAZIA BRAND
 NEXPLANON BRAND
 NEXTSTELLIS BRAND
 NUVARING BRAND
 ORTHO MICRONOR BRAND
 ORTHO TRI-CYCLEN BRAND
 ORTHO TRI-CYCLEN LO BRAND
 ORTHO-CYCLEN BRAND
 ORTHO-NOVUM BRAND
 PARAGARD T 380-A BRAND
 PHEXXI BRAND
 PLAN B ONE-STEP BRAND
 PROMETRIUM BRAND
 PROVERA BRAND
 QUARTETTE BRAND
 SAFYRAL BRAND
 SEASONIQUE BRAND
 SKYLA BRAND
 SLYND BRAND
 TAKE ACTION BRAND
 TAYTULLA BRAND
 TODAY CONTRACEPTIVE SPONGE BRAND
 TRI-NORINYL BRAND
 TWIRLA BRAND
 TYBLUME BRAND

VCF BRAND
 WIDE SEAL DIAPHRAGM BRAND
 YASMIN 28 BRAND
 YAZ BRAND

Diabetic Supplies

LANCETS BRAND
 SYRINGES/NEEDLES BRAND
 TEST STRIPS BRAND

Diuretics

ACETAZOLAMIDE GENERIC
 ACETAZOLAMIDE ER GENERIC
 ACETAZOLAMIDE GENERIC
 AMILORIDE GENERIC
 AMILORIDE-HYDROCHLOROTHIAZIDE GENERIC
 BUMETANIDE GENERIC
 CHLOROTHIAZIDE GENERIC
 CHLOROTHIAZIDE GENERIC
 CHLORTHALIDONE GENERIC
 EPLERENONE GENERIC
 ETHACRYNATE GENERIC
 ETHACRYNIC ACID GENERIC
 FUROSEMIDE GENERIC
 HYDROCHLOROTHIAZIDE GENERIC
 INDAPAMIDE GENERIC
 METHAZOLAMIDE GENERIC
 METHYLCLOTHIAZIDE GENERIC
 METOLAZONE GENERIC
 SPIRONOLACTONE GENERIC
 SPIRONOLACTONE-HCTZ GENERIC
 TORSEMIDE GENERIC
 TRIAMTERENE GENERIC
 TRIAMTERENE-HCTZ GENERIC
 TRIAMTERENE-HYDROCHLOROTHIAZID GENERIC
 ALDACTAZIDE BRAND
 ALDACTONE BRAND
 CAROSPIR BRAND
 DEMADEX BRAND
 DIURIL BRAND
 DYZAZIDE BRAND
 DYRENIUM BRAND
 EDECRIN BRAND
 FUROSEMIDE BRAND

INSPRA..... BRAND
 KERENDIA..... BRAND
 KEVEYIS..... BRAND
 LASIX..... BRAND
 MAXZIDE..... BRAND
 MAXZIDE-25 MG..... BRAND
 MICROZIDE..... BRAND
 NEPTAZANE..... BRAND
 SODIUM DIURIL..... BRAND
 SODIUM EDECRIN..... BRAND

ESTROGEL..... BRAND
 EVAMIST..... BRAND
 FEMHRT..... BRAND
 FEMRING..... BRAND
 MENEST..... BRAND
 MENOSTAR..... BRAND
 MINIVELLE..... BRAND
 PREFEST..... BRAND
 PREMARIN..... BRAND
 PREMPHASE..... BRAND
 PREMPRO..... BRAND
 VIVELLE-DOT..... BRAND

Estrogens/Estrogen Combinations

AMABELZ..... GENERIC
 COVARYX..... GENERIC
 COVARYX H.S..... GENERIC
 DOTTI..... GENERIC
 EEMT..... GENERIC
 EEMT H.S..... GENERIC
 ESTRADIOL..... GENERIC
 ESTRADIOL (ONCE WEEKLY)..... GENERIC
 ESTRADIOL (TWICE WEEKLY)..... GENERIC
 ESTRADIOL VALERATE..... GENERIC
 ESTRADIOL-NORETHINDRONE ACETAT..... GENERIC
 ESTROGEN-METHYLTESTOSTERONE..... GENERIC
 ESTROPIPATE..... GENERIC
 FYAVOLV..... GENERIC
 JEVANTIQUE LO..... GENERIC
 JINTELI..... GENERIC
 LOPREEZA..... GENERIC
 LYLLANA..... GENERIC
 MIMVEY..... GENERIC
 MIMVEY LO..... GENERIC
 NORETHINDRON-ETHINYL ESTRADIOL..... GENERIC
 ACTIVELLA..... BRAND
 ALORA..... BRAND
 CLIMARA..... BRAND
 CLIMARA PRO..... BRAND
 COMBIPATCH..... BRAND
 DELESTROGEN..... BRAND
 DEPO-ESTRADIOL..... BRAND
 DIVIGEL..... BRAND
 DUAVEE..... BRAND
 ELESTRIN..... BRAND
 ESTRACE..... BRAND
 ESTRADIOL..... BRAND

Gout Therapy

ALLOPURINOL..... GENERIC
 ALOPRIM..... GENERIC
 COLCHICINE..... GENERIC
 FEBUXOSTAT..... GENERIC
 COLCHICINE..... BRAND
 COLCRYS..... BRAND
 GLOPERBA..... BRAND
 MITIGARE..... BRAND
 ULORIC..... BRAND
 ZYLOPRIM..... BRAND

HIV/AIDS Therapy

ABACAVIR..... GENERIC
 ABACAVIR-LAMIVUDINE..... GENERIC
 ABACAVIR-LAMIVUDINE-ZIDOVUDINE..... GENERIC
 ATAZANAVIR SULFATE..... GENERIC
 DIDANOSINE..... GENERIC
 EFAVIRENZ..... GENERIC
 EFAVIRENZ-EMTRIC-TENOFOV DISOP..... GENERIC
 EFAVIRENZ-LAMIVU-TENOFOV DISOP..... GENERIC
 EMTRICITABINE..... GENERIC
 EMTRICITABINE-TENOFOVIR DISOP..... GENERIC
 ETRAVIRINE..... GENERIC
 FOSAMPRENAVIR..... GENERIC
 LAMIVUDINE..... GENERIC
 LAMIVUDINE-ZIDOVUDINE..... GENERIC
 LOPINAVIR-RITONAVIR..... GENERIC
 NEVIRAPINE..... GENERIC
 NEVIRAPINE ER..... GENERIC
 RITONAVIR..... GENERIC

STAVUDINE.....	GENERIC
TENOFOVIR DISOPROXIL FUMARATE.....	GENERIC
ZIDOVUDINE.....	GENERIC
APTIVUS.....	BRAND
ATRIPLA.....	BRAND
CABENUVA.....	BRAND
CIMDUO.....	BRAND
COMBIVIR.....	BRAND
COMPLERA.....	BRAND
CRIXIVAN.....	BRAND
DELSTRIGO.....	BRAND
DESCOVY.....	BRAND
DOVATO.....	BRAND
EDURANT.....	BRAND
EMTRIVA.....	BRAND
EPIVIR.....	BRAND
EPZICOM.....	BRAND
EVOTAZ.....	BRAND
FUZEON.....	BRAND
INTELENCE.....	BRAND
INVIRASE.....	BRAND
ISENTRESS.....	BRAND
ISENTRESS HD.....	BRAND
JULUCA.....	BRAND
KALETRA.....	BRAND
LEXIVA.....	BRAND
NORVIR.....	BRAND
ODEFSEY.....	BRAND
PIFELTRO.....	BRAND
PREZCOBIX.....	BRAND
PREZISTA.....	BRAND
RESCRIPTOR.....	BRAND
RETROVIR.....	BRAND
REYATAZ.....	BRAND
RUKOBIA.....	BRAND
SELZENTRY.....	BRAND
SUSTIVA.....	BRAND
SYMFI.....	BRAND
SYMFI LO.....	BRAND
SYMTUZA.....	BRAND
TEMIXYS.....	BRAND
TIVICAY.....	BRAND
TIVICAY PD.....	BRAND
TRIUMEQ.....	BRAND
TRIZIVIR.....	BRAND
TROGARZO.....	BRAND

TRUVADA.....	BRAND
TYBOST.....	BRAND
VIDEX.....	BRAND
VIDEX EC.....	BRAND
VIRACEPT.....	BRAND
VIRAMUNE.....	BRAND
VIRAMUNE XR.....	BRAND
VIREAD.....	BRAND
ZERIT.....	BRAND
ZIAGEN.....	BRAND

Immunosuppressant Drugs

AZATHIOPRINE.....	GENERIC
CYCLOSPORINE.....	GENERIC
EVEROLIMUS.....	GENERIC
GENGRAF.....	GENERIC
MYCOPHENOLATE MOFETIL.....	GENERIC
MYCOPHENOLIC ACID.....	GENERIC
SIROLIMUS.....	GENERIC
TACROLIMUS.....	GENERIC
ASTAGRAF XL.....	BRAND
ATGAM.....	BRAND
AZASAN.....	BRAND
CELLCEPT.....	BRAND
ENVARUSUS XR.....	BRAND
IMURAN.....	BRAND
LUPKYNIS.....	BRAND
MYFORTIC.....	BRAND
NEORAL.....	BRAND
NULOJIX.....	BRAND
PROGRAF.....	BRAND
RAPAMUNE.....	BRAND
REZUROCK.....	BRAND
SANDIMMUNE.....	BRAND
THYMOGLOBULIN.....	BRAND
ZORTRESS.....	BRAND

Inhaled Corticosteroids

BUDESONIDE.....	GENERIC
FLUTICASONE-SALMETEROL.....	GENERIC
WIXELA INHUB.....	GENERIC
ADVAIR DISKUS.....	BRAND
ADVAIR HFA.....	BRAND
AIRDUO DIGIHALER.....	BRAND

AIRDUO RESPICLICK BRAND
 ALVESCO..... BRAND
 ARMONAIR DIGIHALER BRAND
 ARMONAIR RESPICLICK..... BRAND
 ARNUITY ELLIPTA BRAND
 ASMANEX BRAND
 ASMANEX HFA BRAND
 BREO ELLIPTA BRAND
 BREZTRI AEROSPHERE..... BRAND
 BUDESONIDE-FORMOTEROL FUMARATE BRAND
 DULERA BRAND
 FLOVENT DISKUS..... BRAND
 FLOVENT HFA BRAND
 FLUTICASONE-SALMETEROL BRAND
 PULMICORT..... BRAND
 PULMICORT FLEXHALER..... BRAND
 QVAR REDIHALER BRAND
 SYMBICORT BRAND
 TRELEGY ELLIPTA..... BRAND

INSULIN ASPART..... BRAND
 INSULIN ASPART FLEXPEN..... BRAND
 INSULIN ASPART PENFILL..... BRAND
 INSULIN ASPART PROT MIX 70-30 BRAND
 INSULIN LISPRO BRAND
 INSULIN LISPRO JUNIOR KWIKPEN..... BRAND
 INSULIN LISPRO KWIKPEN U-100..... BRAND
 INSULIN LISPRO PROTAMINE MIX..... BRAND
 LANTUS..... BRAND
 LANTUS SOLOSTAR..... BRAND
 LEVEMIR BRAND
 LEVEMIR FLEXTOUCH..... BRAND
 LYUMJEV BRAND
 LYUMJEV KWIKPEN U-100 BRAND
 LYUMJEV KWIKPEN U-200 BRAND
 MYXREDLIN BRAND
 NOVOLIN 70-30..... BRAND
 NOVOLIN 70-30 FLEXPEN..... BRAND
 NOVOLIN N..... BRAND
 NOVOLIN N FLEXPEN..... BRAND
 NOVOLIN R..... BRAND
 NOVOLIN R FLEXPEN..... BRAND
 NOVOLOG..... BRAND
 NOVOLOG FLEXPEN BRAND
 NOVOLOG MIX 70-30..... BRAND
 NOVOLOG MIX 70-30 FLEXPEN..... BRAND
 SEMGLEE BRAND
 SEMGLEE PEN..... BRAND
 TOUJEO MAX SOLOSTAR..... BRAND
 TOUJEO SOLOSTAR BRAND
 TRESIBA BRAND
 TRESIBA FLEXTOUCH U-100 BRAND
 TRESIBA FLEXTOUCH U-200 BRAND

Insulin Therapy

ADMELOG..... BRAND
 ADMELOG SOLOSTAR..... BRAND
 AFREZZA BRAND
 APIDRA BRAND
 APIDRA SOLOSTAR BRAND
 BASAGLAR KWIKPEN U-100 BRAND
 FIASP BRAND
 FIASP FLEXTOUCH BRAND
 FIASP PENFILL..... BRAND
 HUMALOG..... BRAND
 HUMALOG JUNIOR KWIKPEN BRAND
 HUMALOG KWIKPEN U-100..... BRAND
 HUMALOG KWIKPEN U-200..... BRAND
 HUMALOG MIX 50-50 BRAND
 HUMALOG MIX 50-50 KWIKPEN BRAND
 HUMALOG MIX 75-25 BRAND
 HUMALOG MIX 75-25 KWIKPEN BRAND
 HUMULIN 70/30 KWIKPEN BRAND
 HUMULIN 70-30 BRAND
 HUMULIN N..... BRAND
 HUMULIN N KWIKPEN BRAND
 HUMULIN R BRAND
 HUMULIN R U-500 BRAND
 HUMULIN R U-500 KWIKPEN BRAND

Leukotriene Antagonists/Modifiers

MONTELUKAST GENERIC
 ZAFIRLUKAST..... GENERIC
 ZILEUTON ER GENERIC
 ACCOLATE BRAND
 SINGULAIR..... BRAND
 ZYFLO..... BRAND
 ZYFLO CR BRAND

Lipid/Cholesterol Lowering Agents

AMLODIPINE-ATORVASTATIN	GENERIC
ATORVASTATIN	GENERIC
CHOLESTYRAMINE	GENERIC
CHOLESTYRAMINE LIGHT	GENERIC
COLESEVELAM HCL	GENERIC
COLESTIPOL HCL	GENERIC
EZETIMIBE-SIMVASTATIN	GENERIC
FLUVASTATIN	GENERIC
FLUVASTATIN ER	GENERIC
LOVASTATIN	GENERIC
PRAVASTATIN	GENERIC
PREVALITE	GENERIC
ROSUVASTATIN	GENERIC
SIMVASTATIN	GENERIC
ALTOPREV	BRAND
CADUET	BRAND
COLESTID	BRAND
CRESTOR	BRAND
EZALLOR SPRINKLE	BRAND
FLOLIPID	BRAND
LESCOL	BRAND
LESCOL XL	BRAND
LIPITOR	BRAND
LIVALO	BRAND
NEXLIZET	BRAND
PRAVACHOL	BRAND
QUESTRAN	BRAND
QUESTRAN LIGHT	BRAND
ROSZET	BRAND
SIMVASTATIN	BRAND
VYTORIN	BRAND
WELCHOL	BRAND
ZOCOR	BRAND
ZYPITAMAG	BRAND

Non-Insulin Hypoglycemic Agents

ACARBOSE	GENERIC
CHLORPROPAMIDE	GENERIC
GLIMEPIRIDE	GENERIC
GLIPIZIDE	GENERIC
GLIPIZIDE ER	GENERIC
GLIPIZIDE XL	GENERIC
GLIPIZIDE-METFORMIN	GENERIC

GLYBURIDE	GENERIC
GLYBURIDE MICRONIZED	GENERIC
GLYBURIDE-METFORMIN	GENERIC
METFORMIN ER GASTRIC	GENERIC
METFORMIN ER OSMOTIC	GENERIC
METFORMIN	GENERIC
METFORMIN ER	GENERIC
MIGLITOL	GENERIC
NATEGLINIDE	GENERIC
PIOGLITAZONE	GENERIC
PIOGLITAZONE-GLIMEPIRIDE	GENERIC
PIOGLITAZONE-METFORMIN	GENERIC
REPAGLINIDE	GENERIC
REPAGLINIDE-METFORMIN	GENERIC
TOLAZAMIDE	GENERIC
TOLBUTAMIDE	GENERIC
ACTOPLUS MET	BRAND
ACTOPLUS MET XR	BRAND
ACTOS	BRAND
ADLYXIN	BRAND
ALOGLIPTIN	BRAND
ALOGLIPTIN-METFORMIN	BRAND
ALOGLIPTIN-PIOGLITAZONE	BRAND
AMARYL	BRAND
AVANDIA	BRAND
BYDUREON	BRAND
BYDUREON BCISE	BRAND
BYDUREON PEN	BRAND
BYETTA	BRAND
CYCLOSET	BRAND
DM2	BRAND
DUETACT	BRAND
FARXIGA	BRAND
FORTAMET	BRAND
GLUCOPHAGE	BRAND
GLUCOPHAGE XR	BRAND
GLUCOTROL	BRAND
GLUCOTROL XL	BRAND
GLUCOVANCE	BRAND
GLUMETZA	BRAND
GLYNASE	BRAND
GLYSET	BRAND
GLYXAMBI	BRAND
INVOKAMET	BRAND
INVOKAMET XR	BRAND
INVOKANA	BRAND

JANUMET	BRAND
JANUMET XR	BRAND
JANUVIA	BRAND
JARDIANCE	BRAND
JENTADUETO	BRAND
JENTADUETO XR.....	BRAND
KAZANO.....	BRAND
KOMBIGLYZE XR	BRAND
NESINA	BRAND
ONGLYZA.....	BRAND
OSENI	BRAND
OZEMPIC	BRAND
PRANDIN	BRAND
PRECOSE.....	BRAND
QTERN	BRAND
RIOMET	BRAND
RIOMET ER	BRAND
RYBELSUS	BRAND
SEGLUROMET.....	BRAND
SOLIQUA 100-33.....	BRAND
STARLIX	BRAND
STEGLATRO	BRAND
STEGLUJAN.....	BRAND
SYMLINPEN 120	BRAND
SYMLINPEN 60	BRAND
SYNJARDY	BRAND
SYNJARDY XR.....	BRAND
TANZEUM.....	BRAND
TRADJENTA.....	BRAND
TRIJARDY XR	BRAND
TRULICITY	BRAND
VICTOZA 2-PAK.....	BRAND
VICTOZA 3-PAK.....	BRAND
XIGDUO XR	BRAND
XULTOPHY 100-3.6.....	BRAND

Osteoporosis Therapy

ALENDRONATE	GENERIC
CALCITONIN-SALMON.....	GENERIC
ETIDRONATE DI	GENERIC
IBANDRONATE	GENERIC
PAMIDRONATE DI	GENERIC
RALOXIFENE HCL.....	GENERIC
RISEDRONATE	GENERIC
RISEDRONATE DR.....	GENERIC

ZOLEDRONIC ACID.....	GENERIC
ACTONEL	BRAND
ATELVIA.....	BRAND
BINOSTO.....	BRAND
BONIVA.....	BRAND
EVISTA	BRAND
FORTEO	BRAND
FOSAMAX	BRAND
FOSAMAX PLUS D.....	BRAND
MIACALCIN	BRAND
RECLAST	BRAND
TERIPARATIDE	BRAND
TYMLOS.....	BRAND
ZOLEDRONIC ACID.....	BRAND
ZOMETA	BRAND

Phosphate Binding Agents

CALCIUM ACETATE.....	GENERIC
LANTHANUM CARBONATE	GENERIC
SEVELAMER CARBONATE.....	GENERIC
SEVELAMER	GENERIC
AURYXIA	BRAND
FOSRENOL	BRAND
MAGNEBIND 300.....	BRAND
MAGNEBIND 400.....	BRAND
PHOSLYRA	BRAND
RENAGEL	BRAND
REVELA.....	BRAND
VELPHORO.....	BRAND

Smoking Cessation

BUPROPION SR.....	GENERIC
NICORELIEF.....	GENERIC
NICORETTE	GENERIC
NICOTINE GUM	GENERIC
NICOTINE LOZENGE.....	GENERIC
NICOTINE PATCH.....	GENERIC
QUIT 2	GENERIC
QUIT 4	GENERIC
STOP SMOKING AID	GENERIC
VARENICLINE TARTRATE	GENERIC
CHANTIX.....	BRAND
NICODERM CQ	BRAND
NICORETTE	BRAND

NICOTINE LOZENGE..... BRAND
 NICOTROL..... BRAND
 NICOTROL NS BRAND
 VARENICLINE TARTRATE BRAND
 ZYBAN..... BRAND
 NICOTROL..... BRAND
 NICOTROL NS BRAND
 ZYBAN..... BRAND

Vitamins/Minerals

CALCITRIOL..... GENERIC
 FOLIC ACID GENERIC
 IRON GENERIC
 POTASSIUM CHLORIDE GENERIC
 PRESCRIPTION PRENATAL VITAMINS..... GENERIC

Revised October 1, 2021
 11485 Working File

*Restrictions apply. Please consult your doctor or pharmacist for more information. The presence of a drug on this list does not guarantee specific coverage benefits. In some cases, additional information — such as the dose of the medication or the age of the member — must be taken into consideration when determining benefit.

HOME DELIVERY ORDER FORM



Home Delivery Order Options

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to the Express Scripts PharmacySM.

Online/Mobile App: Log in to express-scripts.com or the Express Scripts Mobile App, choose the medicine you want delivered, add it to your cart, then check out.

Fax: Have your doctor call 888.327.9791 for faxing instructions. (Faxes can only be accepted from a doctor's office.)

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

Mail: Complete the order form and send to Express Scripts along with prescriptions and payment.

Please use **ALL CAPITAL LETTERS** with black or blue ink. Fill in the ovals as shown. (●)

1 Member Information	
Member ID Number	Group #
Member Last Name	Member First Name
<input type="checkbox"/> Please send email notices regarding this order's status	Email address
To GO GREEN go to express-scripts.com to update your Communication Preferences under Account	

2 Shipping Address	
<input type="radio"/> Permanent <input type="radio"/> Temporary	If temporary address, please provide effective dates From ___/___/___ To ___/___/___
Shipping Address Line 1 (Street address is preferred over PO Box)	Apt#
Shipping Address Line 2	
City	State Zip
Primary Phone Number Choose One MO HO WO	Secondary Phone Number Choose One MO HO WO
Shipping Method (Expedited shipping will not rush prescription processing)	
<input type="radio"/> Standard	Free Arrives within 5-10 days after order is shipped
<input type="radio"/> Two Day	\$12.00 Arrives 2 business days after order is shipped
<input type="radio"/> One Day	\$21.00 Arrives 1 business day after order is shipped

3 Patient Information	
Please only include prescriptions for patients covered under the above Member ID	
Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone

4	Payment Method	Do not send cash
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You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.

- We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the 1-800 number on the back of your prescription card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped.
- State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.
- See our privacy policy for information regarding our use and disclosure of personally identifiable information.

Signature X _____

Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account
<input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____	<input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____

Review your account balance and pay outstanding balances anytime at express-scripts.com. To change the limit of the amount we can charge your card without a call to you:

- Go to express-scripts.com
- Select Payment Methods under Account then Edit Information.
- Change the payment authorization limit

You can manage all account preferences at express-scripts.com or call Member Services at the toll-free number on your ID card.

5	Health History
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To update your allergies or health conditions: Visit us at express-scripts.com/healthform or call **877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

6	Important reminders and other information
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If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.

For additional information or help, visit us at express-scripts.com or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call 1.800.759.1089.

Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

7	Generic Substitution
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State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.

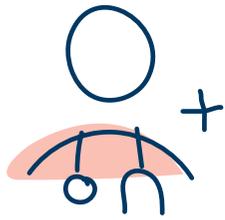
I do not wish to receive a less expensive brand or generic medication.

If the prescription is being submitted electronically, discuss with your doctor.

EXPRESS SCRIPTS
PO BOX 66577
ST LOUIS, MO 63166-6577

Wellness





BEST DOCTORS®

Expert consultations from top doctors.

Talk to a case manager who can help confirm a diagnosis when you're facing a difficult health condition.



HEALTH COACHES

Personalized support for health goals.

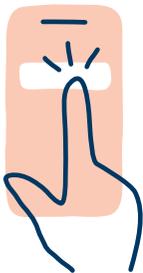
Looking to lose weight? Quit smoking? Be more active? A wellness coach can create a personalized plan for you, right over the phone, on your schedule. Sessions are free and confidential.



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.



SHARECARE®

Say hello to your online health and wellness hub.

Find out your RealAge®, track your health habits, and monitor sleep, stress, and fitness — in real time. Visit mycare.sharecare.com.

Your wellness card

We encourage you to make healthy changes with our nationwide wellness card.

This wellness benefit helps you live a healthier lifestyle with an annual allowance for a variety of services, including:

- Fitness centers
- Health food stores
- Chiropractic visits
- Sports, bike, and golf shops
- Races (5Ks, 10Ks, fun walks, marathons, triathlons, etc.)

We do our best to make sure you have the best wellness options available to help keep you healthy.

- You have access to our nationally recognized retailer network, making travel healthier and more affordable.
- Members receive a credit for fitness clubs and gym memberships, regardless of family size. The benefit amount is determined by your plan. Please consult your contract for more information.



Wellness card

Get the most out of your wellness card

Highmark Blue Shield of Northeastern New York encourages you to make healthy changes with our nationwide wellness benefit.

Our wellness card helps you live a healthier lifestyle with an annual allowance for a variety of services, including:

Fitness centers

- Gym memberships, fitness classes, personal training sessions

Health food stores

- Nutritional supplements and health products from retailers including GNC, Feel Rite Fresh Markets, and Vitamin World

Additional services

- WW (Weight Watchers)
- Sports programs, camps, and lessons
- Races (5Ks, 10Ks, fun walks, marathons, triathlons, etc.)
- Sports, bike, and golf shops

Exclusions apply. The following outlets do not participate in our wellness card program: pharmacies, sporting goods stores, grocery stores, doctors' offices, optometrists, salons, and department stores.

At Highmark Blue Shield, we do our best to make sure you have the best wellness options available to help keep you healthy.

- You receive a credit for fitness centers, health food stores, and additional services, regardless of family size. The benefit amount is based on the plan selected by your company.

Visit bsneny.com to learn more.



Health Tools & Resources



HIGHMARK CONCIERGE



Get the VIP treatment.

Your specialized team of coverage experts dedicated to answering all of your questions. Help finding cost-effective care, setting appointments, and navigating wellness programs are just the beginning. Call the phone number on the back of your ID card or from the Highmark app.

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 member.highmark.com.

CARE COST ESTIMATOR



See what care might cost you.

Before making an appointment for a test, scan, or procedure, Care Cost Estimator helps you estimate what that care may cost. Available on your member website, member.highmark.com.

MY CARE NAVIGATORSM



Your appointments, booked for you.

It's as simple as calling the phone number on the back of your member ID card or from the Highmark app. We'll help you find the in-network doctor you need and reserve some space on their calendar for a checkup. Which means less on-hold music for you.

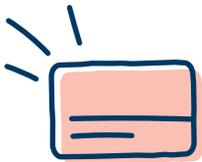
BLUE365®



Discounts to help you stay healthy and active.

From workout gear to gym memberships 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.

WELLNESS CARD



One little card. Big health benefits.

Highmark Western NY's and Northeastern NY's wellness card helps your employees live a healthier life with an annual allowance for wellness products and services.

HIGHMARK PLAN APP



Your health plan in your pocket.

Get instant access to your digital member ID card, care-finding tools, and claims updates right on your mobile device. To start, just download the Highmark Plan 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 owe, after 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.

The deductible applies before any coinsurance or copayments are applied. The deductible may not apply to all covered services. You may also have a deductible that applies to a specific covered service (e.g., a prescription drug deductible) that you owe before we begin to pay for a particular covered service.

Embedded deductible

No single individual on a family plan will have to pay a deductible higher than the individual deductible amount.

True family deductible

A family can meet the deductible by pooling expenses. There is no limit to the amount one member can pay toward the family deductible.

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.

EXPANDED NETWORK (EX)

You must live and/or work in the Highmark Western NY and Northeastern NY service areas. It is ideal for those living in remote areas of or in border counties of this service area as well as those who have dependents attending college outside of the service area. Members who permanently live outside of the service area should select a PPO plan, must select a PCP, and visit their PCP for a yearly physical.

INDEMNITY

Members can obtain services from any provider at the same benefit and payment level. If services are obtained from a participating provider, local or national, the provider will accept the negotiated fee as payment in full; you only have to pay the applicable cost-shares. If you visit a non-participating provider, you may be billed by the provider for the difference between the negotiated fee and their charge for service.

IN-NETWORK PROVIDER (PARTICIPATING 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.

A list of participating providers and their locations is available at member.highmark.com or upon your request to us. We will occasionally revise the list.

MAXIMUM OUT-OF-POCKET (OUT-OF-POCKET LIMIT)

The most you pay during a plan year in cost-sharing before we begin to pay 100% of the allowed amount for covered services is the out-of-pocket limit. This limit never includes your premium, balance billing charges, or the cost of health care services that we do not cover.

OUT-OF-NETWORK (NON PARTICIPATING) PROVIDER

A provider that can charge more than your plan allowance for their services. If they do, you'll most likely be responsible for additional costs.

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.

POINT OF SERVICE (POS)

A type of plan that requires membership to use local providers to obtain in-network coverage at the lowest cost share. Participating providers are located in the counties of the within a plan's local service area. You must designate a primary care physician (PCP). You may have a higher cost share when you obtain services from a non-participating provider. There is an exception, which is the Away From Home Care Program for family members living in counties outside the designated plan service area. The program is available to members, and can be set up as a guest membership in a Blue Cross Blue Shield plan in the area where they reside. Guest memberships are not available in all areas and do not apply to high deductible plans.

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

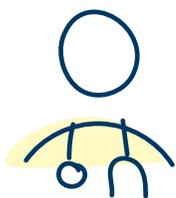
Whether it's your primary doctor, a lab technician, or a physical therapist, the person or facility where you get care is referred to as a health care provider.

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.



Keep your doctors informed

In today's world of high-tech medicine and specialty care and services, communication among doctors is an essential ingredient in the provision of safe and coordinated medical care.

Communication can help.

- Your doctors make safe and appropriate decisions and recommendations based on your medical history and current diagnoses and treatments.
- Assure coordination of all your health care needs, especially in an emergency.
- Prevent duplication of services.
- Decrease costs.

What you can do to promote communication.

- Update your medical information every time you visit your doctor.
- Speak to all your doctors to ensure that information is shared for continuity and coordination of care.
- When receiving inpatient, urgent, or emergency care services, provide an accurate list of all doctors involved in your care. If you have established a relationship with a primary care doctor, make sure the facility has that individual's name. Request that hospital, emergency room, and urgent care summaries are forwarded to your doctors.
- Make it known that you want those providing care to you to communicate with one another. When receiving care or services, ask that diagnostic and screening tests be shared with other doctors currently involved in your care.



How we approve what's covered.

*A prior authorization is not a guarantee of coverage, payment, or payment amount. All services are subject to contract exclusions and eligibility at the time the service is rendered.

Determining care for coverage

We have a group of experts called Clinical Services. Their job is to make sure you're receiving care that is medically necessary and appropriate. What that means, generally, is that care is:

- **A standard medical practice.**
- **Proven to be effective.**
- **Not just done out of convenience for you or your doctor.**
- **Not more expensive than something else that would be just as effective.**

Most of the care covered by your plan meets these guidelines, so you can have it done and covered without needing to do anything else.

You are required to confirm that your provider obtained a prior authorization for any out-of-area services requiring authorization in advance of receiving the service. Beginning Aug. 8, 2021, this will also include advanced radiology and cardiac imaging. Call the Member Service number on the back of your member ID card or in the Highmark app to review your coverage and confirm if you need your provider to get a prior authorization.

If you're denied coverage because we determine care doesn't meet those qualifications, you always have the right to appeal that decision.

How we keep your information confidential.

You've trusted us with your personal information and we take protecting it very seriously. We follow very strict policies for handling and protecting Protected Health Information (PHI).

In the course of using your coverage, we sometimes share PHI for routine things like ensuring you're getting safe and effective treatments or doctors are receiving payment for the care you get.

If you're interested, you always have the right to see all the information in your medical records. The fastest way to access it is to ask your primary doctor.

That's the gist of how we make sure you're protected and getting appropriate, medically necessary care.

If you want to read the full legal descriptions of the policies we've summed up here, go to [discoverhighmark.com](https://www.discoverhighmark.com). Scroll to the bottom of the page, click on **Quality Assurance**, and enter your ZIP code.



How we keep your information confidential (cont.)

Highmark Blue Cross Blue Shield of Northeastern NY is committed to maintaining the confidentiality of patient information in all situations. That applies to your doctor's office, the hospital, our employees, and everyone we contract with to provide and manage your health care. We will only release such information in accordance with state and federal law and the guidelines established by Highmark Blue Cross Blue Shield of Northeastern NY. Here's a summary of some of the guidelines we follow to keep your personal information confidential:

Inclusions in routine notifications of privacy practices.

The Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information—for example, Uses and Disclosures of Protected Health Information (e.g., treatment, payment, health care operations) or Individual Rights (e.g., member access, accounting of disclosures, confidential communications). A copy of the Notice of Privacy Practices is included in our initial enrollment package and is available at member.highmark.com or by calling the customer service number on the back of your member ID card.

The right to approve release of information (use of authorizations).

An authorization is not required for treatment, payment, or health care operations and in other instances as required by law. An authorization is required for the release of information in certain circumstances — for example, when releasing information to someone other than the individual and as otherwise permitted by law, or when releasing sensitive information (e.g., HIV/AIDS, alcohol/ substance abuse).



How we keep your information confidential (cont.)

Access to medical records.

Highmark Blue Shield of Northeastern NY does not generate, modify, or maintain complete copies of your medical records. We receive copies of your medical records in order to process claims and perform other routine functions in the normal course of business. If you want to obtain copies of your medical records, you should contact the practitioner or facility considered to be the source of these documents.

Protection of oral, written, and electronic information across the organization.

Corporate information assets in oral, written, and electronic form are protected by establishing and enforcing corporate security and privacy policies and procedures, implementing security and privacy awareness training for all workforce members, and deploying the appropriate physical, administrative, and technical security mechanisms.

Information for employers.

Protected health information is not released to employers unless you have authorized the release and/or the proper agreements are in place as permitted by law. When information is released to employers, it is released with certain restrictions so confidentiality will be maintained. However, enrollment/disenrollment and premium quote information are allowable disclosures under certain law.



Care and case management

Programs for care support and complex condition management.

CARE MANAGEMENT PROGRAM

From person to person, care needs can be different and change over time. Our Care Management Program focuses on connected care so we can help you get safe, effective, appropriate care right when you need it.

Services under the Care Management Program:

Precertification Review starts before you get care and:

- Confirms you're eligible and have benefits for care.
- Determines if care is medically necessary and appropriate.
- Makes sure care happens at the right facility by the right provider.
- Provides alternatives for care, if available.
- Identifies if case or condition management could help the member.

Concurrent Review happens during the course of treatment to:

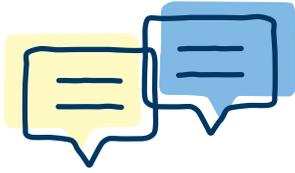
- Assess the medical need to continue treatment.
- Evaluate the right level of care for treatment.
- Foresee any possible quality of care concerns.
- Identify situations that require a physician consultation.
- Determine potential case or condition management benefits.
- Update and/or revise the discharge plan.

Discharge Planning occurs throughout the course of treatment to:

- Promote alternative levels of care, when appropriate.
- Make sure care is delivered in the appropriate setting.
- Identify case or condition management program prospects early on.
- Make timely referrals for intervention.
- Develop and carry out appropriate discharge plans.

Retrospective Review happens after services have been provided and:

- Evaluates the appropriateness of medical services solely on information available at the time the medical care was provided.



CASE MANAGEMENT PROGRAM

Based on the Case Management Society of America (CMSA) standards, the Case Management Program supports members with serious and complex medical conditions by helping them navigate the health care system and make informed care decisions. Regardless of the condition, the overall goal is to get members back to the highest possible level of functioning in their work, family, and social lives.

Individual Goals of Case Management:

- Identify and resolve gaps in care.
- Assure the right care at the right time through appropriate facilities and providers.
- Increase members' understanding of their condition or situation.
- Reduce medication inconsistencies and ensure correct use of prescribed medications.
- Address any caregiver issues that may affect members' conditions.
- Improve members' ability to self-manage their conditions and wellness focus.
- Reduce potentially avoidable emergency room visits and hospital readmissions.
- Assess medication needs and consult with the Highmark pharmacy team as deemed necessary.



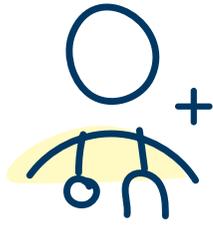
CASE MANAGEMENT PROGRAM (cont.)

How the Case Management Program Works:

A Registered Nurse Case Manager collaborates with a multidisciplinary team, consisting of medical directors, pharmacists, behavioral health specialists, social workers, wellness specialists, and dietitians, to evaluate an individual's health needs in the following ways:

- Planning, coordinating, and monitoring care and progress toward health.
- Evaluating all of a member's options, resources, and services.
- Identifying gaps and/or barriers to optimal care before inpatient admission and/or discharge.
- Helping members and caregivers to understand conditions and plans of care so they can manage their health.
- Educating on care coordination, support systems, medication, health, and wellness.
- Collaborating with a variety of providers, care facilities, and home health agencies to ensure appropriate care.

Case Management is voluntary.
Members can end their involvement with the program any time.



We help you choose a primary doctor

For your plan, you are required to select a primary care physician (PCP). Choosing the doctor that best meets your needs can be challenging.

You may select one of the following types of doctors as your primary doctor:

- Family practitioner.
- General practitioner.
- Internist.
- Pediatrician.

You and your dependents may each choose a different primary doctor.

For help choosing a doctor, call the customer service number on the back of your member ID card.

For help locating participating providers, visit member.highmark.com.

What to do when you change primary doctors.

After you select a doctor:

1. **Contact your new doctor.**

Find out if he or she is accepting new patients.

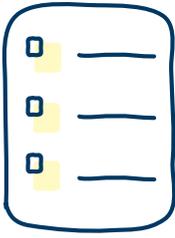
2. **Who will I be seeing?**

Ask what type of practitioners will provide your care. Doctors often rely on the help of physician assistants and/ or nurse practitioners to make sure patients can be seen right away when they are sick.

3. **Before your first appointment:**

- Call the customer service number on the back of your ID card, or
- Log on to your account at member.highmark.com to update your Primary Care Provider.

Your update will take effect the first day of the month following your request. You may not change PCPs more than once in any 30-day period.



What you need to know about authorizations and claims

How to obtain a prior authorization.

A prior authorization is an approval from us that your doctor or hospital needs to obtain before they may perform the service. Have your doctor or hospital contact customer service to obtain prior authorization.

The term “claim” applies to both requests for coverage and requests for payment.

Pre-service claims.

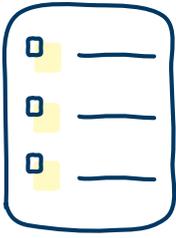
- Necessary for procedures or treatments that require authorization prior to care being rendered.
- We make a determination regarding your pre-service claim. We then notify you, your representative, and/or your doctor or hospital by telephone and/or in writing within three business days after receiving all necessary information.

Urgent care claims.

- Involve life-threatening situations. If the ability to regain maximum function is in question, or if severe pain cannot be adequately managed, urgent care may be required.
- No prior authorization is needed for urgent care or emergency room services.
- We will make a determination on your claim and notify you or your representative by telephone and in writing within 72 hours after we receive your claim.

Concurrent care claims.

- Involve continued or extended health care services or additional services during a course of continued treatment for a specific period of time or a specified number of treatments.
- For non-urgent concurrent care claims, we notify you or your designee by telephone and in writing within one business day of receipt of all necessary information.
- For urgent concurrent claims, we notify you or your designee within 24 hours of receipt of your claim.



What you need to know about authorizations and claims (cont.)

Post-service claims.

- A review involving services that have already been provided.
 - Decisions are made within 30 calendar days after receiving all necessary information.
-

Being admitted to the hospital.

Your doctor or hospital will arrange your admission with us by obtaining a prior authorization and discussing the procedure and length of your stay.

How we determine if a new treatment or drug is covered.

To continue to provide you with the most up-to-date treatment methods, we continually monitor new technology and methods, and new drugs.

A team of medical experts then uses this information to update covered benefits. Decisions to not cover new treatments or drugs may change as new scientific literature supporting safe and effective outcomes is documented. In these cases, decisions are re-evaluated as new information becomes available.

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

Sharecare is a registered trademark of Sharecare, Inc., an independent and separate company that provides a consumer care engagement platform for your health plan. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

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 manage 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.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

Express Scripts is an independent company that administers your prescription drug benefit for your health plan.

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

The Highmark Wellness Card is exclusive to the Highmark Western NY and Northeastern NY service areas and cannot be used in other Highmark service areas.

Doctor on Demand is a registered trademark of Doctor on Demand, Inc. that is an independent company that provides virtual health services. Doctor on Demand does not provide Blue Cross and/or Blue Shield products or services, and it is solely responsible for its telemedicine services.

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.

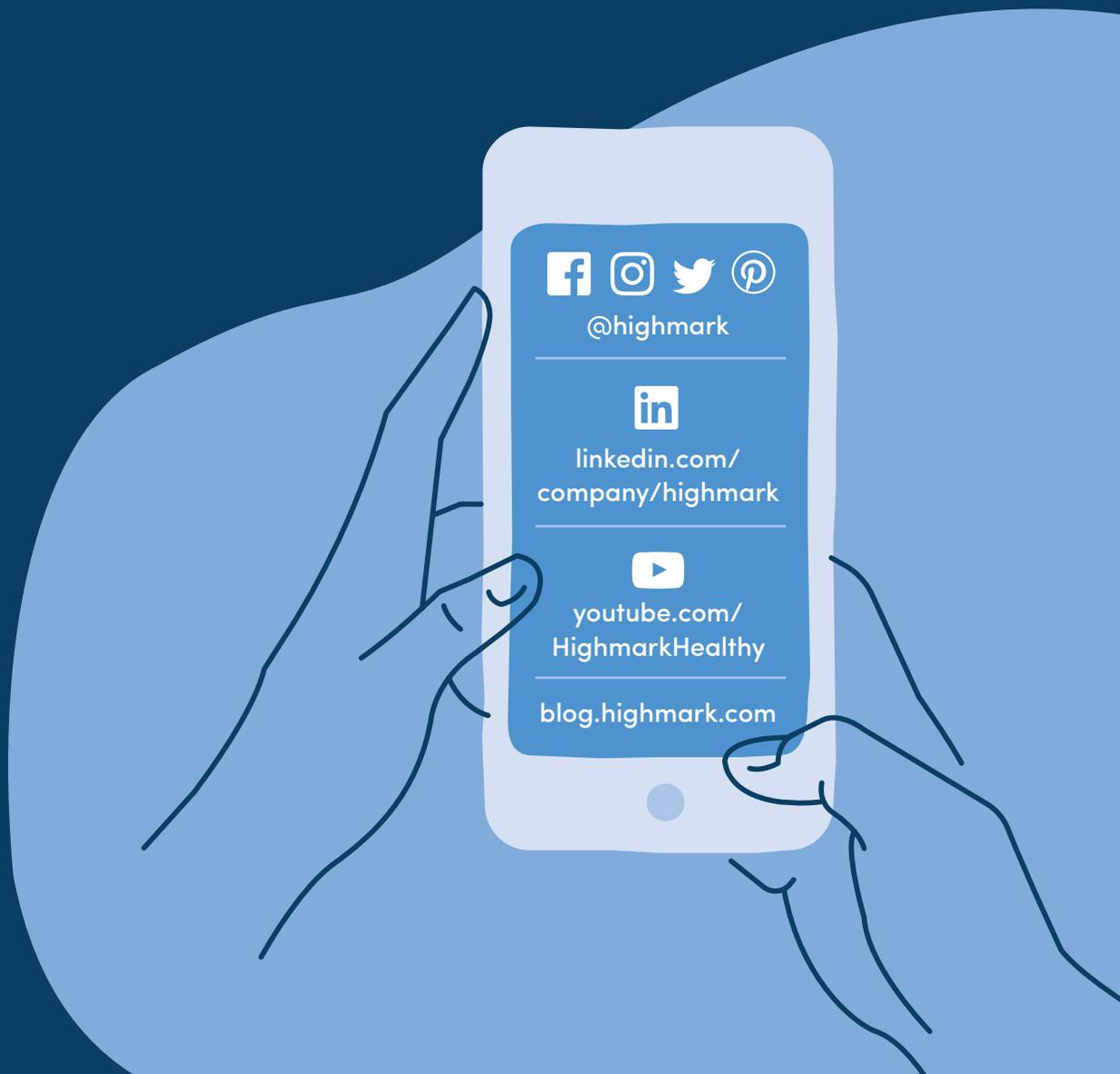
Blue High Performance Network is an in-network only, Exclusive Provider Organization (EPO), single-tier network in most markets. However, there are exceptions in these two markets: New Jersey and Philadelphia. Please contact your client manager for additional information on the two-tier in-network model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

*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.
