

**ENROLLMENT**  
**INFORMATION**

**Allegany-Cattaraugus Schools**  
**Self-Funded Point of Service**  
**(POS) Plan**

# Coverage Highlights

Allegany-Cattaraugus Schools Point of Service (POS) Plan is ideal for individuals who want a combination of managed care plans and traditional indemnity plans. It has quality assurance, lower cost and coordinated care, combined with the freedom of choice to see any doctor without a referral.

With this Allegany-Cattaraugus Schools POS Plan, you'll enjoy:

- ***\$0 copay*** for PCP pediatric primary care visits
- The freedom to ***see any medical provider*** out of the network
- ***Worldwide coverage*** for emergency and urgent care. The Plan accesses the BlueCross BlueShield network of providers across the country and around the world
- ***Guest membership*** which allows you to join a participating Blue HMO and enjoy benefits similar to those you receive at home, when you're traveling or away at school
- ***Low copayments*** for primary care and specialty care visits
- Innovative wellness and ***health management programs***
- ***Vision benefits*** including eye exams for each family member and discounts on eyeglass frames, lenses and accessories
- ***No referrals***
- ***Dependent coverage to age 26***

The Allegany-Cattaraugus Schools POS Plan offers you out-of-network coverage that gives you the flexibility of seeing any doctor – regardless of whether or not he or she participates in the BlueCross BlueShield Provider Network.

With Allegany-Cattaraugus Schools self-funded Prescription Plan administered through Express Scripts, you will have:

- Low co-pays
- Reduced copays for 90-day supply of maintenance medication through mail order (home delivery) program
- Access to Express Scripts' extensive network of providers, both locally and nationwide

# Medical Benefit Summary

Allegany-Cattaraugus Schools POS Plan	In-Network Your Copay	Out-of-Network Your Coinsurance
<b>Doctor Visits</b>		
PCP Office Visits (Primary Care Physician)	\$10	20%
PCP Office Visits for Dependents Under Age 19	Covered in Full	20%
Specialist Visits	\$10	20%
Routine Physicals	\$10	Not Covered
Well Child Visits & Immunizations (up to age 19)	Covered in Full	20%
Allergy Immunotherapy	\$10	20%
<b>Diagnostic Testing</b>		
Diagnostic X-rays	\$10	20%
Laboratory Testing	In-Network/Quest labs Covered in Full	20%
MRI	\$10	20%
<b>Women's Services</b>		
Gynecological Office Visits	\$10	20%
Routine Mammograms	Covered in Full	20%
Maternity Care (prenatal & post-natal care)	Covered in Full (after PCP copay for initial visit)	20%
Inpatient Maternity Stay	Covered in Full	20%
Pap Smears	Covered in Full	20%
<b>Management and Treatment</b>		
Alcohol & Substance Abuse (outpatient)	\$10	20%
Cardiac Rehabilitation (24 visits per year)	\$10	20%
Chemotherapy, Radiation, Hemodialysis	\$10	20%
Chiropractic Care	\$10	20%
Diabetic Equipment & Supplies	\$10	20%
Durable Medical Equipment	20%	50%
Mental Health (outpatient)	\$10	20%
Occupational, Speech & Physical Therapy (20 aggregate visits)	\$10	20%
Prosthetic & Orthotic Appliances	20%	Not Covered
Post Mastectomy Prosthetics	Covered in Full	20%

# Medical Benefit Summary (cont.)

Allegany-Cattaraugus Schools POS Plan	In-Network Your Copay	Out-of-Network Your Coinsurance
<b>Hospital, Facility and Home Services</b>		
Alcohol & Substance Abuse (inpatient) detox & rehab	Covered in Full	20%
Emergency		
Ambulance (medically necessary)	\$50	\$50
Emergency Room (copay waived if admitted to hospital)	\$50	\$50
Home Care (in-network unlimited, out-of-network 365 visits)	\$10	20%
Hospice (210 days)	Covered in Full	20%
Hospital Stay (semi-private room)	Covered in Full	20%
Mental Health (inpatient hospital or facility stay)	Covered in Full	20%
Skilled Nursing Facility (non-custodial) Unlimited	Covered in Full	20%
Surgery (outpatient facility)	\$10	20%
Urgent Care	\$10	20%
<b>Dependent Coverage</b>		
Dependent Children covered to age:	26	26
<b>Extras</b>		
Vision Exam – please refer to the vision benefits page of this book for additional information	\$10	Not Covered
<b>Out-of-Network</b>		
Annual Deductible – per contract, aggregate In & Out-of-Network	None	\$250 Individual/\$500 Family Aggregate
Coinsurance	N/A	20%
Annual Out-of-Pocket Maximum per member	N/A	\$2,000 Individual/\$4,000 Other Than Individual
Annual Maximum Benefit	N/A	None
Lifetime Maximum Benefit	N/A	None

This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations, and exclusions that may apply. Please check the Summary Plan Description for final information on your benefits and exclusions.

Both In-Network and Out-of-Network providers are reimbursed at Fee Schedule for eligible Hospital and Medical services. For Out-of-Network services, in addition to any applicable deductible and coinsurance, the patient is responsible for any amounts that exceed the Fee Schedule allowance. In-Network and Out-of-Network day limits and visits are aggregate.

All indicated benefits assume the member has appropriate authorization. No Referrals are required on this contract. Maximum benefits are obtained when rendered by an In-Network provider. Some services may require pre-authorization from your Claims Administrator. Routine physical examinations and routine eye examinations are not covered when services are rendered by an Out-of-Network provider.

# Vision Benefits

Members are entitled to a complete eye care program that includes eye exams from participating EyeMed Providers. You can locate a participating provider at [www.bcbswny.com](http://www.bcbswny.com) website or call Customer Service at 1-866-9EYEMED (1-866-939-3633) or [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

	In-Network Member Cost	Out-of-Network Member Cost
<b>Eye Exam (includes dilated fundus evaluation)</b>		
	\$0 every two years	Not Covered
<b>Frames</b>		
	40% off retail price	Not Covered
<b>Standard Plastic Lenses</b>		
Single Vision	\$50	Not Covered
Bifocal	\$70	Not Covered
Trifocal	\$105	Not Covered
Lenticular	20% off retail price	Not Covered
<b>Lens Options</b>		
UV Coating	\$15	Not Covered
Tint (Solid and Gradient)	\$15	Not Covered
Standard Scratch-Resistance	\$15	Not Covered
Standard Polycarbonate	\$40	Not Covered
Standard Progressive (Add-on to bifocal)	\$65	Not Covered
Standard Anti-Reflective Coating	\$45	Not Covered
Photochromic	20% off retail price	Not Covered
Transition Lenses	20% off retail price	Not Covered
<b>Other Add-Ons and Services (Non-prescription sunglasses, Accessories, Contact Lens Solution; etc)</b>		
	20% off retail price	Not Covered
<b>Contact Lens Materials (Discount applied to materials only)</b>		
Disposable	0% off retail price	Not Covered
Conventional	15% off retail price	Not Covered
<b>Laser Vision Correction***</b>		
Lasik or PRK	15% off retail price or 5% off promotional price	Not Covered
<b>Frequency</b>		
Examination	Annual for children under age 14 with diagnosed refractive error, biennial otherwise	Not Covered
Frames	Unlimited	Not Covered
Lenses	Unlimited	Not Covered
Contact Lenses	Unlimited	Not Covered

\*Complete pair of glasses (frame, lenses, lens options) must be purchased in the same transaction to receive full discount; items purchased separately will be discounted 20% off retail price. Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to VisionPlus provider's professional services, or contact lenses. Retail prices may vary by location.

\*\*\* Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

# Medical Plan Administrator

BlueCross Blue Shield of Western New York is the Administrator for the Allegany-Cattaraugus schools self-funded Point of Service (POS) medical plan. You may contact BlueCross Blue Shield toll-free at:




1-800-544-2583


## Sample BlueCross BlueShield ID Card

POS 298	Customer and Provider Service	1-888-839-5169	PCP/Specialist copay	\$10/\$10
Identification# DZD 015760404	Mental Health/		Emergency copay	\$50
Group# 00409097	Chemical Dependency	1-877-837-0814	Out of network deductible	\$250S/\$500F
01 Susan N. Sample PCP no longer participates	Chiropractic	1-888-774-7601	Out of network coinsurance	20% S/20% F
02 Simon D. Sample PCP no longer participates	Health Advocate 24-hour line	1-800-359-5465	Inpatient copay	\$0
03 Stanley I. Sample	Out Of Area Service	1-800-810-2583	Chiropractic copay	

In a medical or mental health emergency, please go to the nearest emergency room. We suggest you notify your PCP within 48 hours.

\* Check your plan documents for a complete explanation of your benefits.

 <b>BlueCross BlueShield of Western New York</b>		 <b>Allegany Cattaraugus Schools</b>	
Subscriber	Group#	00409097	
01 Susan J. Sample			
ID: DZD 015760404			
Members	POS 298	PCP/Specialist copay \$10/\$10	
02 Simon D. Sample			
03 Stanley I. Sample			
		No Referral	

 <b>BlueCross BlueShield of Western New York</b>		<a href="http://www.bcbswny.com">www.bcbswny.com</a>	
An Independent Licensee of the BlueCross BlueShield Association		Customer and Provider Service 1-888-839-5169 Mental Health and Chemical Dependency 1-877-837-0814 Health Advocate 24-hour line 1-800-359-5465	
In an emergency, please go to the nearest emergency room.			
Check your plan documents for a complete explanation of your benefits.			
BCBSWNY provides processing only and does not assume any risk for claims. (ASCI)		Please submit all claims to the local BlueCross BlueShield plan.	

# How to Maximize Your Medical Benefits

## **How to maximize your benefits and reduce your out-of-pocket costs**

The Allegany-Cattaraugus Schools POS Plan offers you the cost savings of a managed care product while still giving you the freedom to choose your own providers. Our POS product requires you to choose a Primary Care Physician (PCP) to assist you in coordinating your care. However, you can decide whether to go to an in-network provider and pay the lowest copay amounts, or to an out-of-network provider and pay a deductible and coinsurance. The Plan accesses the BlueCross BlueShield network of Providers. An in-network provider is one that has a contract to participate in the BlueCross BlueShield Western New York operating area. When you use one of the physicians or providers in the Western New York network, you are considered "in-network" and you will receive the best value and reduce your out-of-pocket costs.

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### **Use In-Network Services**

Utilizing your PCP offers you the lowest personal out-of-pocket cost for medical care. Your PCP is a family practitioner, general practitioner, internist or pediatrician that you have chosen to coordinate your health care. Your PCP evaluates and coordinates any care you need. You are only responsible for a small copay when you obtain medical services from your PCP, an in-network specialist, or other in-network provider.

When traveling outside of the eight counties of Western New York service area, you are still afforded the opportunity to receive urgent care services with the savings of in-network provider services. Please call your PCP to arrange for care. If treatment is advised, call 1-800-810-2583 to locate a participating provider in the BlueCross BlueShield national network.

The POS Plan offers you the flexibility to obtain medical services without a referral or from providers that are not part of the POS network. Medical services received from providers outside of the Western New York BlueCross BlueShield network will result in greater out-of-pocket costs to you. When you obtain these services you will be responsible to pay an annual deductible. After the deductible is paid you are responsible for your coinsurance for the medical service from an out-of-network provider.

If you utilize a provider who does not participate in either the local or national BlueCross BlueShield networks, the fee charged by the physician for a service may be higher than the BlueCross BlueShield contracted allowance for that service. If the provider fee is higher than the contracted allowance, you will be responsible for the difference between what the provider bills and the allowance.

# Frequently Asked Questions - Medical

## **Doctor Visits & Diagnostic Testing**

### **Why do I need a PCP?**

It is important for you to establish yourself as a patient with your Primary Care Physician. Even if you've been in good health, it is important for you to make this initial appointment. Knowledge about your health allows your PCP to effectively coordinate your health care, especially in an emergency. You are required to notify BlueCross BlueShield prior to changing your PCP. If you'd like to verify the PCP you've chosen, please call BlueCross BlueShield Customer Service at 1-800-544-2583 or 1-716-884-2800, Monday through Friday, 8:00am to 5:00pm.

### **How do I choose a PCP or a Specialist?**

To help you make the best selection of health care providers, the web site, [www.bcbswny.com](http://www.bcbswny.com) contains the most current information about participating providers including physicians, hospitals, pharmacies and labs. You may also call Customer Service for help in knowing which providers participate in your plan.

### **Do I need to obtain pre-authorizations?**

Certain health services, diagnostic tests and procedures require prior approval. BlueCross BlueShield on behalf of Allegany-Cattaraugus Schools Self-Funded Point of Service (POS) plan coordinates your medical treatments with your practitioner in order to ensure appropriate treatment in an appropriate setting. Nurses and the medical director are always available to assist your physician in arranging care 24 hours a day, 7 days a week.

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## **Hospital, Facility & Home Services**

### **What do I do in an emergency?**

If you experience an emergency, go to the nearest emergency room or dial 911.

A medical emergency is a condition of recent onset and sufficient severity, including but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness or injury is of such a nature that failure to obtain immediate medical care could place his or her life in danger or cause serious harm.

Examples of medical emergencies include: possible heart attack, uncontrollable bleeding, cuts that require stitches, loss of consciousness or confusion, poisoning, stroke, severe shortness of breath, severe multiple injuries, including obvious fractures, convulsions.

### **What do I do if I need urgent care when I am traveling outside of the service area?**

Please call your Primary Care Physician (PCP) for guidance. If treatment is advised, call 1-888-839-5169 to locate an in-network provider for an appointment. Your PCP will coordinate your referral so that your claim will be promptly paid at the in-network benefit level.



# Frequently Asked Questions-Medical (cont.)

## **What do I do if I need urgent or emergency care when I am out of the country?**

For information about urgent and emergency care at your planned destination call 1-877-547-2903 from inside the U.S. before you leave. For assistance when you are outside the U.S. call 1-804-673-1177. Collect calls are accepted.

## **What happens if I need to be admitted to the hospital?**

Your PCP or other physician must arrange your admission. The physician will contact BlueCross BlueShield to discuss the procedure and the length of your stay. The physician will coordinate all details and arrange your hospital admission.

During your inpatient stay, registered nurses and practitioners will be involved with the ongoing evaluation of your care, from admission through discharge, to facilitate a smooth transition when you go home.

## **What if I am out of the area for an extended period?**

Our Guest Membership program, offered through a national network of BlueCross Blue Shield HMOs, provides Guest Membership for members living outside our service area. Reasons for Guest Memberships may include extended business trips, long-term travel, students away at school and families living apart. Except for students at school and families living apart, Guest Memberships will be limited to 180 days (6 months).

Guest Memberships allow you to join another BlueCross BlueShield HMO and receive the full range of benefits offered by that HMO. Your request to establish a guest membership in a Host HMO should be filed with BlueCross BlueShield on behalf of Allegany-Cattaraugus Schools self-funded Point of Service (POS) Plan at least 30 days in advance of your anticipated travel plans.

To find out more about participating HMOs where Guest Memberships are available, call BlueCross BlueShield on behalf of Allegany-Cattaraugus Schools self-funded Point of Service (POS) Plan at 1-800-544-2583 or 1-716-884-2800.

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## **Health & Wellness**

### **Where can I get information about health and wellness programs?**

BlueCross BlueShield is committed to helping you take an active role in your health. For information on all of our wellness, health and case management programs, visit [www.bcbswny.com](http://www.bcbswny.com) (click on Members/Get Health). You may also call the Customer Service number on the back of your BlueCross BlueShield member identification card.

### **What is the Alive & Lively® program?**

The Alive & Lively® community health education program provides eligible members and their families with information on an array of wellness topics to include: Fitness; Heart Health; Holistic/Mental Health; Injury Prevention; Nutrition; Stress and Weight Management; Tobacco Cessation, and Senior, Maternal, Adolescent and Infant Health. In addition, we offer programs to help you manage a variety of health conditions to include: Arthritis; Asthma; Diabetes; and Kidney Health. Classes and workshops are presented by health and wellness professionals throughout the area.

# Frequently Asked Questions-Medical (cont.)

## **What is the cost for Alive & Lively® health education program?**

This program is offered free of charge to eligible members. You can call the Customer Service number on the back of your BlueCross BlueShield member identification card for more information or to verify program eligibility.

## **What are the benefits of the Health Management Program?**

Our programs emphasize the importance of member education and the physician/patient partnership. As an active partner of your healthcare team, we provide resources to enhance your quality of life.

## **What are the benefits of Case Management?**

If you have special health care needs, BlueCross Blue Shield on behalf of Allegany-Cattaraugus Schools self-funded Point of Service (POS) Plan will assign a case manager to work with your practitioner to evaluate various options and services and coordinate the care to best meet your needs.

## **What are the benefits of Disease Management?**

Our Right Start Program examines all pregnancies in the first trimester to identify high-risk mothers for case management. Asthma, diabetes, heart disease, prenatal/post-partum and congestive heart failure programs identify members in need of services and implement intervention to improve their health.

## **What is Health Advocate? How can it help me?**

Health Advocate is a personal healthcare coaching and patient advocacy service that you can call anytime you need help navigating the healthcare system. With Health Advocate, you will have your own Personal Health Advocate – a registered nurse – who can help you locate qualified doctors and hospitals for complex needs, assist you with administrative, billing and claims issues, or provide information and resource support. Your entire family – you, your spouse and children, your parents and the parents of your spouse – can use Health Advocate.

You can call Health Advocate toll free at 1-800-359-5465, 24 hours a day, seven days a week. Your Personal Health Advocate will talk to you about your issue and work with a team of medical doctors and administrative experts to ensure you receive the help and support you need.

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## **Network & In-Network**

### **Where can I find a list of in-network providers?**

You can find a list of providers at [www.bcbswny.com](http://www.bcbswny.com). You may also call BlueCross BlueShield Customer Service for help in determining which providers participate in your product. If you want to keep your out-of-pocket costs down, you should look for providers who participate in the BlueCross BlueShield Provider network.

### **What is a copay?**

Copay is the fixed dollar amount that your Plan requires you to pay as your share of the cost of certain services each time you receive care.

# Frequently Asked Questions-Medical (cont.)

## What is coinsurance?

Coinsurance is a cost-sharing requirement that you pay a designated percentage of the allowed amount for the cost of a covered service.

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## Miscellaneous

### What is a Certificate of Creditable Coverage and how can I order one?

If, for any reason, you lose coverage under an Allegany-Cattaraugus Schools self-funded Point of Service (POS) plan or otherwise become entitled to elect COBRA continuation coverage as well as when COBRA continuation coverage ceases, you will automatically receive a certificate, or statement, of creditable coverage that affirms your prior health coverage. You may also request a certificate, free of charge, until twenty-four (24) months after the time your coverage ended. For example, you may request a certificate even before your coverage ends.

To order a certificate of creditable coverage, simply call the BlueCross BlueShield Member Services telephone number on your Health Plan identification card.

### What is "Special Enrollment"?

Allegany-Cattaraugus Schools offers opportunities for members to enroll additional members to the Plan or make other enrollment changes at times other than the regular open enrollment periods. These off-cycle changes may only be processed for "qualifying events", which include:

- Marriage
- Birth
- Adoption of a child (requires legal documentation)
- Legal guardianship (requires legal documentation)
- Divorce
- Death
- National Support Notice (requires legal documentation)
- Involuntary loss of coverage (requires proof of loss of coverage)

When a member's status changes, an Enrollment Application/Change Form must be completed and promptly returned to your district representative at Allegany-Cattaraugus Schools. An Enrollment Application/Change Form is required for the following subscriber changes:

- Name change
- Address change
- Adding a dependent
- Deleting a dependent
- Benefit change
- Changing to COBRA
- Changing to Medicare coverage
- Retirement

Timeline for subscriber changes:

Prior to the "qualifying event" and up to 30 days after the event	The change will be added to the member's coverage as of the date of the event
More than 30 days after the "qualifying event"	The change will be processed to be effective on the first of the month following the date notification is received

# Frequently Asked Questions-Medical (cont.)

## **How long are newborns and mothers allowed to stay in the hospital?**

Except for perinatal complications, we will cover inpatient maternity care in a Hospital for the covered mother and newborn for at least 48 hours following any deliver other than a cesarean section and at least 96 hours following a cesarean section delivery. We will also cover any additional days of such care which we determine are medically necessary.

## **What are my rights under the WHCRA of 1998?**

The Women's Health and Cancer Rights Act (WHCRA) of 1998 requires health plans that cover mastectomies to also cover breast reconstruction and prostheses. Under this law, Allegany-Cattaraugus Schools 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 lymphedemas

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.

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## **What is not covered?**

Exclusions applicable to Allegany-Cattaraugus Schools self-funded Point of Service (POS) Plan include, but are not limited to the following:

- Care provided outside of the HealthNow or BlueCross BlueShield operating area, except for emergency care, guest membership or Away From Home Care Program
- Admission to a Hospital before you become covered under this contract
- Government hospital
- No-Fault Automobile Insurance
- Workers' Compensation
- Free Care
- Government Programs
- Blood (unless part of inpatient hospital care)
- Cosmetic Surgery or Services
- Dental Care
- Military Service Connected Disabilities
- Routine Care of Feet
- Non-covered Physical Examinations
- Correction of Structural Inbalance, Distortion or Subluxation
- Non-Covered Benefits
- Sex Change
- Artificial Means to Induce Pregnancy (Except Artificial Insemination)
- Organ Transplant Searches, Screening or Donation
- Methadone Maintenance
- Reversal of Elective Sterilization

# Prescription Plan Administrator

Express Scripts is the Administrator for the Allegany-Cattaraugus Schools self-funded prescription plan.  
You may contact Express Scripts at:

[www.express-scripts.com](http://www.express-scripts.com)

or:

1-877-708-4103

Express Scripts, Inc.

P.O. Box 66583

St. Louis, MO 63166

## Sample Express Scripts ID Card

**Allegany-Cattaraugus  
Schools**

RxBIN 003858  
RxPCN A4  
RxGrp CTBA

Issuer  
ID 123456789

Name SUBSCRIBER S DOE

**Visit [www.express-scripts.com](http://www.express-scripts.com)**

Patient Customer Service: 1.877.708.4103

TDD: 1.800.899.2114

Pharmacist Use Only: 1.800.824.0898

Submit pharmacy claims to:  
Express Scripts, Inc.  
P.O. Box 66683  
St. Louis, MO 63166

# Frequently Asked Questions-Prescription

## **Why should I use generic drugs?**

Generic drugs are just as safe and effective as brand-name drugs – they just cost less.

## **Are generics and brand-name drugs the same?**

Yes. A generic drug contains the same *active ingredients* in the same form and strength as the brand-name drug. *Active ingredients* are what make the drug work in your body. The *inactive ingredients*, like color and shape, may be different, but they don't affect how the medicine works. That's why brand and generic drugs sometimes look different. The FDA requires that generics be used in the body in the same way as brand-name drugs. These requirements assure that generic drugs are just as safe and effective as brand-name drugs—they just cost less.

## **How do I make sure my prescriptions are filled for generics?**

Just ask. When your doctor writes a prescription for you, don't be afraid to ask if it comes in generic. Doctors are used to people asking this question. If you are filling a prescription at your local pharmacy for a brand-name drug for which there is a generic available, ask the pharmacist to call your doctor to allow changing the prescription to the generic. If you are filling the prescription through Home Delivery, Express Scripts will give you the generic unless your doctor has indicated that you must have the brand.

## **How can I lower my prescription drug costs?**

Use generic drugs whenever they are available. It is one of the best ways to lower your prescription drug costs. Discuss your prescription drug options with your doctor. Ask whether a less expensive generic will work for you. If you take medications on a long-term basis, Home Delivery is another way you can save money.

## **Why should I use Home Delivery for my prescriptions?**

Home Delivery is an easy way for you to save money on medicines you take every day for an ongoing condition. For example, if you have high blood pressure, you could get that prescription through Home Delivery. It wouldn't make sense to use Home Delivery if you've had an accident and need pain medication immediately—that's a prescription you need right away and only for a short time. With Home Delivery, you get three months of your medication delivered to you at one time. It can save you money and a couple of trips to the pharmacy.

## **How do I know which pharmacies I can use to fill my prescriptions?**

With the Express Scripts program, participating pharmacies are easy to find. You can visit [www.express-scripts.com](http://www.express-scripts.com) and use the "Pharmacy Locator" to find a list of pharmacies closest to you. If you don't have access to a computer, please call the toll-free number on the back of your member ID card and a representative will tell you which pharmacies are near you.

## **Where can I get additional information about my prescription drug benefit?**

Go to [www.express-scripts.com](http://www.express-scripts.com) and register as a "Member."

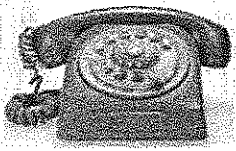
# Rights & Responsibilities

## Your Member Responsibilities

As an Allegany-Cattaraugus Schools self-funded Point of Service (POS) plan member, your responsibilities are to:

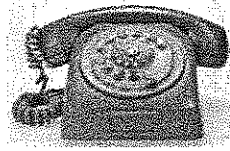
- Establish yourself as a patient of the Primary Care Physician you have selected.
- Follow the plans and instructions for care that you have agreed upon with your practitioners.
- Provide, to the extent possible, information that BlueCross BlueShield and your practitioners and providers need in order to care for you.
- Follow carefully your health plan's policies and procedures, as described in your member handbook and Summary Plan Description (SPD).
- Ensure your Physician coordinates any health care you receive in order to receive the highest level of benefits.
- Carry both your BlueCross BlueShield and Express Scripts member ID cards with you, and provide the appropriate card when seeking health services.
- Advise of any changes which affect you or your family, such as birth, change of address or marriage.
- Submit all bills you have received from a non-participating provider within one year from the date of service.
- Notify when anyone included in your coverage becomes eligible for Medicare or any other group health insurance.
- Pay appropriate copays to providers when services or supplies are received.
- Participate in understanding your health problems and developing mutually-agreed upon treatment goals with your providers.

# Contact List



For questions about the Allegany-Cattaraugus self-funded POS Plan, contact BlueCross BlueShield of Western New York.

Monday – Friday 8:00am – 5:00pm  
Toll-free 1-888-839-5169  
Web site [www.bcbswny.com](http://www.bcbswny.com)



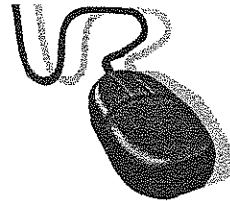
For questions about the Allegany-Cattaraugus self-funded Prescription Plan, contact:

Express Scripts  
1-877-708-4103  
Web site: [www.express-scripts.com](http://www.express-scripts.com)

## Customer Service

For non-English translation or for concierge service to resolve member phone calls:

Monday – Friday 8:00am – 7:00pm  
Saturday 9:00am – 1:00pm  
Toll-free 1-800-544-2583  
Local 1-716-884-2800  
TDD Line – 1-800-908-9164



## Additional Resources:

### **Mental Health and Substance Abuse** ..... **1-877-837-0814**

A clinician will assist you with determining the most appropriate type of provider for the services that you need and will arrange for treatment.

### **Health Advocate** ..... **1-800-359-5465**

A personal healthcare coaching and patient advocacy service you can call anytime you need help navigating the healthcare system. Health Advocate can: find the best doctors and hospitals for complex needs; make appointments with hard-to-reach specialists; locate and research treatments for a medical condition; provide unbiased information; assist with administrative, billing and claims issues; and help with eldercare issues.



### Reminder:

If you are outside of the service area and you experience an unexpected illness or injury that is not life threatening, you can call your PCP for guidance. If treatment is advised, dial 1-800-810-2583 to locate an in-network provider for an appointment.



Visit the BCBS web site for access to information and service 24 hours a day, seven days a week. You can find a provider, research health topics, and more. In the members' section of the site, registered users can use Online Services to order ID cards, change their PCP, and keep track of claims and other important health care details.