

# Important Plan Information

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BlueCross BlueShield of Western New York

YOUR MEMBER HANDBOOK HAS BEEN CHANGED. PLEASE NOTE CATEGORIES NOW EXCLUDED FROM COVERAGE.

## **Pharmacy - included in your coverage**

- Prescription drugs
- Over-the-counter (OTC) medicines
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Emergency contraception (six per calendar year)
- Medical and surgical supplies
- Hearing aid batteries
- Enteral formula

## **The following categories are excluded from pharmacy coverage:**

- Cosmetic alteration drugs
- Impotence agents
- Fertility drugs
- Anorexic, anti-obesity

A pharmacy copay may be required for some people and for some medications and pharmacy items. There are no copays for these members or services:

- Members younger than 21 years old
- Pregnant members; they're exempt during pregnancy and for the two months after the month their pregnancy ends
- Consumers in an OMH or OPWDD Home and Community Based Services (HCBS) Waiver Program
- Consumers in a DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI)
- Family planning drugs and supplies like birth control pills and male or female condoms
- Generic copays (if plan is waiving copay)
- Drugs to treat mental illness (psychotropic) and tuberculosis
- Members belonging to a federally recognized Native American tribe

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