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

www.bcbswny.com/stateplans

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