

Q1

2023 Small Group product portfolio



Everything you're looking for in a health plan.

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And everything your employees are looking for, too.



Give it to them with western New York's longest-standing local health plan.

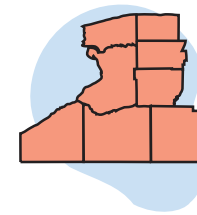
Highmark Blue Cross Blue Shield of Western New York's (Highmark BCBSWNY) innovative approach to managing health care can lead to lower costs, better outcomes, and healthier employees. Turn the page to see how.

Contact your broker or Highmark BCBSWNY Small Group Representative to get started.

Network options

With Highmark Blue Cross Blue Shield of Western New York, you can be confident that your employees are covered no matter where they are. And because in-network providers cost an average of 10% to 16% less, we make finding them easy.

FLEXIBILITY OF A LOCAL NETWORK WITH POS AND APEX



Point of Service (POS)

- With a POS plan, your employees have in-network access to 99% of the doctors in our eight-county service area. More than 700,000 members are enrolled in our POS plans. They're flexible and the most affordable for those who get health care close to home.



Apex

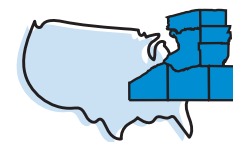
- Apex is a high-performing network made up of primary care providers (PCPs) and specialty groups who consistently deliver high-quality care at lower costs.
- Members pay in-network cost-shares for visiting PCP and specialty groups that meet quality and efficiency standards. All other providers are considered out of network if visited for nonemergency care.
- Available to employers headquartered in Erie and Niagara counties.

COVERAGE BEYOND WESTERN NEW YORK WITH PPO AND EX



Preferred Provider Organization (PPO)

- Our PPO network offers great local coverage and goes the distance with employees who live or travel outside our service area.



Expanded network (EX)

- The EX network offers great local coverage, plus in-network access to doctors outside our region.
- It works best for those living or working in the eight-county service area, but are receiving treatment or services elsewhere. Your employees must choose a participating PCP in our service area who will coordinate care in and outside the region.

Convenient access to medical experts

We have you and your employees covered like no other health plan.

TELEMEDICINE SERVICES FROM AMWELL

Personalized care when and where your employees need it.

New for 2023, Amwell® is our telemedicine service provider. That means no more waiting rooms, no more waiting to schedule. Your employees can get care from wherever they are with a board-certified doctor, 24/7. They can get started by visiting patients.amwell.com or downloading the app.

AWAY FROM HOME CARE®

Coverage that goes where your employees go.

Great for college students, snowbirds, and members on long-term work assignments, this provides access to care across the country. Care is provided through participating Blue Cross and/or Blue Shield plans in many states and the District of Columbia.

Available on Platinum Classic, Platinum POS Plus, Platinum Apex Plus, and Gold Classic plans. Employees should call Customer Service to enroll and check eligibility.



Wellness coaches

Our team of certified wellness coaches meet with your employees by phone or online to identify and reach goals. Your employees can also engage through the Sharecare® app, an advanced, digital coaching tool that helps track real-time care plan progress.

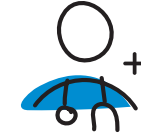


Care management

This team helps those who need complex care because of an accident, organ transplant, life-limiting illness, and more. They discuss options, coordinate care, and help employees use their benefits effectively.

Endless support to help your members on their journey to better health

Our innovative digital tools help your employees put their health first.



WELL360 DIABETES MANAGEMENT POWERED BY ONDUO

Personalized support to control type II diabetes.

Tools to help your employees track their blood sugar and manage diabetes from wherever they are. Includes access to endocrinologists via a virtual health clinic, remote prescriptions, a continuous glucose monitor,* and a team who coordinates care with PCPs. No cost to members or employers.



SHARECARE

A one-stop digital platform for employee wellness.

Sharecare helps members learn their RealAge®, track health habits, and monitor sleep, stress, and fitness – all in real time.



MEMBER WEBSITE AND APP

Your members' entire plan at their fingertips.

No more searching for old files or waiting on snail mail. Your employees' digital ID card, Find a Doctor tool, deductible progress, claims status, and more are all available at highmark.com/bcbswny and on the HighmarkPlan app.

Extra benefits you won't find in other plans

\$250 WELLNESS CARD



Redeemable for gym memberships.

Consider it a little something extra for the journey to good health.

BLUE365SM



Discounts to help your members stay healthy and active.

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

\$0 PREVENTIVE SERVICES



Detect small problems before they become big ones.

Members get 100% coverage for more than 65 preventive services, including annual checkups, well-child visits, cancer screenings, routine OB-GYN exams, flu shots and other vaccines, and more.

\$0 PREVENTIVE RX



On more than 600 brand-name and generic drugs.

Includes enhanced coverage on all HSA-qualified plans to provide \$0 drugs not subject to the deductible. Eligible plans include: Gold 7100, Gold Complete, Silver 7100, and Silver 8100 plans.

Non-HSA qualified plans include the Federal ACA Preventive Drug List with over 350 covered drugs at no additional cost to members.

First Quarter 2023

Highlighted items are changes for 2023.

	Platinum Classic	Platinum Plus	Gold Classic	Gold 7100	Gold Complete	Gold Aqua
First dollar	N/A	N/A	N/A	N/A	N/A	\$500 single/ \$1,000 family
Deductible (single/family)	N/A	N/A	\$600/\$1,200 Embedded	\$1,500/\$3,000 True Family	\$3,500/\$7,000 True Family	\$2,500/\$5,000 Embedded
Out-of-pocket maximum (single/family) deductible and OOP max type	\$3,000/\$6,000 Embedded	\$5,000/\$10,000 Embedded	\$5,000/\$10,000 Embedded	\$6,250/\$12,500 Embedded	\$3,500/\$7,000 True Family	\$6,500/\$13,000 Embedded
PCP/specialist	\$15/\$35	\$5/\$25	\$25/\$40 after Deductible	\$20/\$40 after Deductible	0% after Deductible	50% after First Dollar and Deductible
DME and orthotics	10%	50%	20% after Deductible	50% after Deductible	0% after Deductible	50% after First Dollar and Deductible
Laboratory services	\$35	\$15	\$40 after Deductible	\$40 after Deductible	0% after Deductible	50% after First Dollar and Deductible
Diagnostic X-rays and radiology	\$35	\$25	\$40 after Deductible	\$40 after Deductible	0% after Deductible	50% after First Dollar and Deductible
Telemedicine	\$0	\$0	\$0 not subject to Deductible	\$0 after Deductible	0% after Deductible	\$0 not subject to First Dollar or Deductible
Diabetic equipment and supplies*	\$15	\$5	\$25 after Deductible	\$20 after Deductible	0% after Deductible	\$15 not subject to First Dollar or Deductible
Inpatient hospital (per admission)	\$500	\$500	\$1,000 after Deductible	\$500 after Deductible	0% after Deductible	50% after First Dollar and Deductible
Outpatient facility	\$100	\$250	\$100 after Deductible	\$150 after Deductible	0% after Deductible	50% after First Dollar and Deductible
Emergency room and ambulance	\$100	\$250	\$150 after Deductible	\$200 after Deductible	0% after Deductible	50% after First Dollar and Deductible
Urgent care	\$55	\$100	\$60 after Deductible	\$50 after Deductible	0% after Deductible	50% after First Dollar and Deductible
Generic/formulary /nonformulary	\$10/\$30/\$60	\$5/\$25/50%	\$10/\$35/\$70	\$5/\$30/50% after Deductible	0%/0%/0% after Deductible	\$15/\$50/50%
Pediatric vision exam and equipment	\$0	\$0	\$0 not subject to Deductible	\$0 after Deductible	0% after Deductible	\$0 not subject to Deductible
HSA eligible	Not eligible	Not eligible	Not eligible	Eligible	Eligible	Not eligible
Creditable coverage	Yes	Yes	Yes	Yes	Yes	Yes

Rates						
PPO (single)	N/A	N/A	N/A	N/A	N/A	N/A
EX (single)	N/A	\$762.91	N/A	\$635.97	N/A	N/A
POS (single)	\$745.28	\$731.72	\$656.41	\$609.92	\$584.68	\$586.50
Apex (single)	N/A	\$692.73	N/A	\$577.36	N/A	N/A

*Insulin is subject to cost-sharing up to \$100 for a 30-day supply.

Silver Classic	Silver 7100	Silver 8100	Bronze Classic	Bronze 8000	Bronze Apex
N/A	N/A	N/A	N/A	N/A	N/A
\$1,750/\$3,500 Embedded	\$2,500/\$5,000 True Family	\$3,500/\$7,000 True Family	\$5,000/\$10,000 Embedded	\$7,000/\$14,000 Embedded	\$8,500/\$17,000 Embedded
\$9,100/\$18,200 Embedded	\$7,000/\$14,000 Embedded	\$7,000/\$14,000 Embedded	\$9,100/\$18,200 Embedded	\$7,000/\$14,000 Embedded	\$9,100/\$18,200 Embedded
\$30/\$65 after Deductible	\$30/\$50 after Deductible	40% after Deductible	\$50/\$75 after Deductible	0% after Deductible	50% after Deductible
30% after Deductible	50% after Deductible	40% after Deductible	50% after Deductible	0% after Deductible	50% after Deductible
\$65 after Deductible	\$50 after Deductible	40% after Deductible	\$75 after Deductible	0% after Deductible	50% after Deductible
\$65 after Deductible	\$50 after Deductible	40% after Deductible	50% after Deductible	0% after Deductible	50% after Deductible
\$0 not subject to Deductible	\$0 after Deductible	\$0 after Deductible	\$0 not subject to Deductible	0% after Deductible	\$0 not subject to Deductible
\$30 after Deductible	\$30 after Deductible	40% after Deductible	\$50 after Deductible	0% after Deductible	50% after Deductible
\$1,500 after Deductible	\$1,000 after Deductible	40% after Deductible	50% after Deductible	0% after Deductible	50% after Deductible
\$150 after Deductible	\$250 after Deductible	40% after Deductible	50% after Deductible	0% after Deductible	50% after Deductible
\$500 after Deductible	\$250 after Deductible	40% after Deductible	50% after Deductible	0% after Deductible	50% after Deductible
\$70 after Deductible	\$75 after Deductible	40% after Deductible	50% after Deductible	0% after Deductible	50% after Deductible
\$15/\$40/\$75	\$10/\$40/50% after Deductible	\$10/\$40/50% after Deductible	\$10/\$35/\$70 after Deductible	0%/0%/0% after Deductible	\$10/50%/50% after Deductible
\$0 not subject to Deductible	\$0 after Deductible	0% after Deductible	0% not subject to Deductible	0% after Deductible	0% not subject to Deductible
Not eligible	Eligible	Eligible	Not eligible	Eligible	Not eligible
Yes	Yes	Yes	Yes	Yes	Yes

N/A	\$699.28	\$650.83	N/A	N/A	N/A
N/A	\$568.68	\$529.20	N/A	\$481.30	N/A
\$575.23	\$545.36	\$507.48	\$455.20	\$466.83	N/A
N/A	\$516.21	\$480.32	N/A	\$441.73	\$413.55

Dependent age 26 rates – First Quarter 2023

Plan	Subscriber	Subscriber and Spouse/ Domestic Partner	Subscriber and Child(ren)	Family
Platinum Classic	\$745.28	\$1,490.56	\$1,266.98	\$2,124.05
Platinum EX Plus	\$762.91	\$1,525.83	\$1,296.95	\$2,174.30
Platinum POS Plus	\$731.72	\$1,463.44	\$1,243.92	\$2,085.40
Platinum Apex Plus	\$692.73	\$1,385.45	\$1,177.64	\$1,974.27
Gold Classic	\$656.41	\$1,312.83	\$1,115.90	\$1,870.78
Gold Aqua	\$586.50	\$1,172.99	\$997.05	\$1,671.52
Gold Complete	\$584.68	\$1,169.36	\$993.96	\$1,666.34
Gold 7100EX	\$635.97	\$1,271.93	\$1,081.14	\$1,812.51
Gold POS 7100	\$609.92	\$1,219.84	\$1,036.87	\$1,738.28
Gold Apex 7100	\$577.36	\$1,154.73	\$981.52	\$1,645.49
Silver Classic	\$575.23	\$1,150.46	\$977.89	\$1,639.41
Silver PPO 7100	\$699.28	\$1,398.55	\$1,188.77	\$1,992.94
Silver 7100EX	\$568.68	\$1,137.36	\$966.76	\$1,620.74
Silver POS 7100	\$545.36	\$1,090.73	\$927.12	\$1,554.28
Silver Apex 7100	\$516.21	\$1,032.41	\$877.55	\$1,471.19
Silver PPO 8100	\$650.83	\$1,301.67	\$1,106.42	\$1,854.88
Silver 8100EX	\$529.20	\$1,058.40	\$899.64	\$1,508.22
Silver POS 8100	\$507.48	\$1,014.95	\$862.71	\$1,446.30
Silver Apex 8100	\$480.32	\$960.65	\$816.55	\$1,368.93
Bronze Classic	\$455.20	\$910.40	\$773.84	\$1,297.32
Bronze 8000EX	\$481.30	\$962.61	\$818.22	\$1,371.72
Bronze POS 8000	\$466.83	\$933.66	\$793.61	\$1,330.47
Bronze Apex 8000	\$441.73	\$883.45	\$750.93	\$1,258.92
Bronze Apex	\$413.55	\$827.10	\$703.03	\$1,178.61

Dependent age 30 rates – First Quarter 2023

Plan	Subscriber	Subscriber and Spouse/ Domestic Partner	Subscriber and Child(ren)	Family
Platinum Classic	\$748.86	\$1,497.72	\$1,273.07	\$2,134.26
Platinum EX Plus	\$766.57	\$1,533.14	\$1,303.17	\$2,184.73
Platinum POS Plus	\$735.23	\$1,470.47	\$1,249.90	\$2,095.42
Platinum Apex Plus	\$696.06	\$1,392.12	\$1,183.30	\$1,983.77
Gold Classic	\$659.57	\$1,319.15	\$1,121.28	\$1,879.79
Gold Aqua	\$589.33	\$1,178.66	\$1,001.86	\$1,679.59
Gold Complete	\$587.51	\$1,175.01	\$998.76	\$1,674.39
Gold 7100EX	\$639.04	\$1,278.08	\$1,086.37	\$1,821.27
Gold POS 7100	\$612.87	\$1,225.74	\$1,041.88	\$1,746.68
Gold Apex 7100	\$580.15	\$1,160.30	\$986.25	\$1,653.42
Silver Classic	\$578.02	\$1,156.03	\$982.63	\$1,647.35
Silver PPO 7100	\$702.64	\$1,405.28	\$1,194.49	\$2,002.52
Silver 7100EX	\$571.44	\$1,142.88	\$971.44	\$1,628.60
Silver POS 7100	\$548.00	\$1,096.01	\$931.61	\$1,561.81
Silver Apex 7100	\$518.71	\$1,037.42	\$881.81	\$1,478.33
Silver PPO 8100	\$653.97	\$1,307.93	\$1,111.74	\$1,863.80
Silver 8100EX	\$531.76	\$1,063.53	\$904.00	\$1,515.53
Silver POS 8100	\$509.94	\$1,019.89	\$866.90	\$1,453.34
Silver Apex 8100	\$482.66	\$965.32	\$820.52	\$1,375.58
Bronze Classic	\$457.42	\$914.84	\$777.61	\$1,303.65
Bronze 8000EX	\$483.65	\$967.30	\$822.20	\$1,378.40
Bronze POS 8000	\$469.10	\$938.20	\$797.47	\$1,336.93
Bronze Apex 8000	\$443.88	\$887.76	\$754.59	\$1,265.05
Bronze Apex	\$415.57	\$831.15	\$706.48	\$1,184.39

Dental coverage

Dental plans have no participation requirements and can be added to your medical plan or purchased separately. Groups can choose one dental plan to offer their employees. Pediatric dental is offered at no additional charge with all medical plans.

Blue Pediatric Dental Embedded in Medical			
Medical Product	HSA Qualified Medical Products	HSA Qualified Gold Complete and Bronze 8000 plans	Non-HSA Qualified Medical Products
Annual Deductible	Follows In-Network Medical Deductible	Follows In-Network Medical Deductible	Not Subject to Medical Deductible
Annual Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum	Follows In-Network Medical Out-of-Pocket Maximum
Description of Service			
Oral Evaluations (Exams)	\$25 copay	\$25 copay	\$25 copay
Radiographs (Bitewings, Full mouth, Occlusal and Periapical Films)	\$25 copay	\$25 copay	\$25 copay
Prophylaxis (Cleanings)	\$25 copay	\$25 copay	\$25 copay
Fluoride Treatments	\$25 copay	\$25 copay	\$25 copay
Palliative Treatment (Emergency)	\$25 copay	\$25 copay	\$25 copay
Sealants	\$25 copay	\$25 copay	\$25 copay
Space Maintainers	\$25 copay	\$25 copay	\$25 copay
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures and Dentures	50% after deductible	0% after deductible	50%
Resin-Based Composite–Anterior (White Fillings)	50% after deductible	0% after deductible	50%
Resin-Based Composite–Posterior (White Filling)	50% after deductible	0% after deductible	50%
Amalgam Restorations	50% after deductible	0% after deductible	50%
Simple Extractions	50% after deductible	0% after deductible	50%
Surgical Extractions	50% after deductible	0% after deductible	50%
Complex Oral Surgery	50% after deductible	0% after deductible	50%
Endodontics (Root canals, etc.)	50% after deductible	0% after deductible	50%
General Anesthesia and/or Nitrous Oxide and/ or IV Sedation	50% after deductible	0% after deductible	50%
Nonsurgical Periodontics	50% after deductible	0% after deductible	50%
Periodontal Maintenance	50% after deductible	0% after deductible	50%
Surgical Periodontics	50% after deductible	0% after deductible	50%
Crowns, Inlays, Onlays	50% after deductible	0% after deductible	50%
Prosthetics (Fixed Partial Dentures, Dentures)	50% after deductible	0% after deductible	50%
Adjustments and Repairs of Prosthetics	50% after deductible	0% after deductible	50%
Implant Services	Not covered	Not covered	Not covered
Consultations	\$25 copay	\$25 copay	\$25 copay
Medically Necessary Orthodontics	50% after deductible	0% after deductible	50%
Cosmetic Orthodontics	Not covered	Not covered	Not covered

	BLUE EDGE DENTAL 2W	BLUE EDGE DENTAL 3W	BLUE EDGE DENTAL 3WO
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Annual Deductible Per Person	\$50/\$150 - All Ages	\$50/\$150 - All Ages	\$50/\$150 - All Ages
Annual Benefit Maximum Per Person	\$1000 - All Ages	\$1500 - All Ages	\$2000 - All Ages
Description of Service	CERTIFICATE PAYS	CERTIFICATE PAYS	CERTIFICATE PAYS
Oral Evaluations (Exams)	100%	100%	100%
Radiographs (Bitewings, Full mouth, Occlusal and Periapical Films)	100%	100%	100%
Prophylaxis (Cleanings)	100%	100%	100%
Fluoride Treatments	100%	100%	100%
Palliative Treatment (Emergency)	100%	100%	100%
Sealants	100%	100%	100%
Space Maintainers	100%	100%	100%
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures and Dentures	80% after deductible	80% after deductible	80% after deductible
Resin-Based Composite–Anterior (White Fillings)	80% after deductible	80% after deductible	80% after deductible
Resin-Based Composite–Posterior (White Filling)	80% after deductible	80% after deductible	80% after deductible
Amalgam Restorations	80% after deductible	80% after deductible	80% after deductible
Simple Extractions	80% after deductible	80% after deductible	80% after deductible
Surgical Extractions	80% after deductible	80% after deductible	80% after deductible
Complex Oral Surgery	80% after deductible	80% after deductible	80% after deductible
Endodontics (Root canals, etc.)	80% after deductible	80% after deductible	80% after deductible
General Anesthesia and/or Nitrous Oxide and/ or IV Sedation	80% after deductible	80% after deductible	80% after deductible
Nonsurgical Periodontics	80% after deductible	80% after deductible	80% after deductible
Periodontal Maintenance	80% after deductible	80% after deductible	80% after deductible
Surgical Periodontics	80% after deductible	80% after deductible	80% after deductible
Crowns, Inlays, Onlays	Not covered	50% after deductible	50% after deductible
Prosthetics (Fixed Partial Dentures, Dentures)	Not covered	50% after deductible	50% after deductible
Adjustments and Repairs of Prosthetics	80% after deductible	80% after deductible	80% after deductible
Implant Services	Not covered	Not covered	Not covered
Consultations	100%	100%	100%
Medically Necessary Orthodontics	Not covered	Not covered	Not covered
Cosmetic Orthodontics	Not covered	Not covered	50% after deductible up to a \$1,000 Lifetime Maximum

The percentage in the Certificate Pays column is the percentage of the Certificate's Allowed Amount that we will pay for Covered Services provided by either a Participating Dentist or a Non-Participating Dentist. Participating Dentists accept the Allowed Amount as payment in full. Non-Participating Dentists may bill for the difference between their charge and the Allowed Amount paid by the Certificate. All services listed may be subject to Exclusions and Limitations. Blue Edge Dental does not include New York State Essential Health Pediatric Dental benefits. These plans are not considered Qualified Dental Plans.

Adult vision services

Vision Care Services Discount Program through Davis Vision

Routine Eye Exam	Member Discount
	15% off retail price
Frames	Member Discount
Any frame available at provider location	35% off retail price
Lenses (Uncoated Plastic)	Member Price
Single Vision	\$45
Bifocal	\$65
Trifocal	\$95
Lens Add-On Options	Member Price
UV Coating	\$15
Tint (Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$35
Standard Progressive (Add-on to Bifocal)	\$65
Standard Anti-Reflective Coating	\$45
Contact Lenses (Materials only)	Member Discount
Disposable/Conventional	15% off retail price
Other Add-Ons and Services	Member Discount
Non-prescription Sunglasses, Accessories, Contacts	
Lens Solution	20% off retail price
Laser Vision Correction	Member Discount
	15% off retail price or 5% off promotional price
Member's Access Frequency	
Examination	Unlimited
Frames	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

Spending accounts

We offer these integrated options for you and your employees:

Available spending accounts

Health savings account (HSA) ,
Flexible spending account (FSA),
Transit expense administration (TEA)

Worry-free administration:

- Turnkey implementation and support
- Resources make it easy to update employees on key benefit details
- Real-time reporting with rich data insights

A streamlined employee experience:

- View balances, pay expenses, see recent transactions, and more — right on their phones
- Real-time text or email alerts to easily manage their account
- Support when they need it

Annual benefit limits

Rehabilitation and habilitation, outpatient (PT/OT/ST)

60 combined visits per plan year

Rehabilitation and habilitation, inpatient (PT/OT/ST)

Unlimited

Home health care

40 visits per plan year

Hearing aids

Single purchase every three years

- Members must choose hearing aids from John R. Oishei Children's Hospital or Beckes Optical and Hearing Aids
- Members are entitled to discounts through TruHearing®

Hospice

Unlimited, five visits per plan year for family bereavement

Substance abuse, outpatient

Unlimited, 20 visits per plan year for family counseling

Skilled nursing facility

Unlimited

Questions?

Contact your broker or Highmark Blue Cross Blue Shield of Western New York client manager.

Notes



highmarkemployer.com

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

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.

Amwell is an independent company that provide telemedicine services. Amwell does not provide Blue Cross and/or Blue Shield products or services and it is solely responsible for its telemedicine services.

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

TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

Highmark BCBSWNY 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 1-800-544-2583 (TTY 711).

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