



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **March 23, 2018**

Name: **Paula Venne**

Title: **Benefit Consultant II**

Agency Name: **BlueCross BlueShield of WNY**

Complete Mailing Address: **257 W. Genesee St., Buffalo, NY 14202**

Phone: **716-270-9662**

Fax: **716-887-7586**

Email address: **venne.paula@bcbswny.com**

Website address: **www.bcbswny.com**

What age range do you serve? **All ages, but I have a particular focus on Medicare-eligible consumers.**

A brief description of your position: **I assist Individuals, Families and Seniors one-on-one in obtaining affordable health insurance. I work with both the Qualified Health Plans offered through the New York State of Health and our Medicare Advantage Plans.**

A brief description of what your agency does: **For over 80 years, BlueCross BlueShield of WNY has delivered high quality, affordable health benefits products and services to our members. We empower our members by teaching them about health care options and how to make the right choices for themselves and their families.**

Please list any other programs your agency provides: