



An Independent Licensee of the Blue Cross Blue Shield Association

# Balanced Funding Health Plan

## PRODUCT GUIDE

**PLAN CHOICES EFFECTIVE JANUARY 1, 2024**

**EMPLOYERS WITH  
5+ ENROLLED EMPLOYEES**



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# VALUE OF BLUE

We are excited to share our 2024 product portfolio. These products were designed with you and your employees in mind. When you choose our plans, you will have the support you need, when you need it, every step of the way—from strategic planning, to implementation, to day-to-day operations.

Like you, we want your employees to be their absolute healthiest. Our integrated programs and resources are available to streamline and improve your employees' healthcare experience. A full range of programs, support, and tools are available to help them make the best choices for their health and wellness needs.

Throughout our history, Blue Cross® Blue Shield® of Arizona (AZ Blue) has been committed to inspiring health in Arizona as the trusted leader in delivering affordable, innovative healthcare solutions.



# BALANCED FUNDING

**Balanced Funding** – A self-funding solution for employers with five or more enrolled employees. Balanced Funding provides employers with financial predictability and control over monthly healthcare costs.<sup>1</sup> With Balanced Funding, employers pay a fixed, monthly amount that includes the cost of administrative services, stop-loss insurance, and all claims coverage.<sup>2</sup> Balanced Funding may be a great option for employers whose employees are engaged in their healthcare and use their plan in a cost-efficient and effective manner.

Advantages of Balanced Funding:

- **Easier budgeting.** Your business may qualify for a lower fixed monthly cost than what you are currently paying.
- **All-inclusive funding.** Your monthly payment covers administrative services, stop-loss insurance, and claims liability.
- **Potential refunds.** You have the ability to earn dollars back if claims are lower than expected.
- **Predictable costs.** If the amount of your claims is more than what you've paid, you don't owe more.
- **Enhanced transparency.** Monthly reports let you easily understand your healthcare claims costs throughout the year.

## Balanced Funding protects you both ways:

EXAMPLE #1	EXAMPLE #2
Annual Claims Funding: <b>\$50,000</b> Actual Claims: <b>\$46,000</b>	Annual Claims Funding: <b>\$50,000</b> Actual Claims: <b>\$55,000</b>
<b><i>Congratulations!</i></b> Your business will receive \$4,000 back! <sup>3</sup>	<b><i>Don't worry!</i></b> Even if you exceed your projected claims allowance for the year, you won't owe any additional dollars.

What happens in the event of an unusually large claim? With AZ Blue, stop-loss coverage components—both specific (claims for each individual) and aggregate (total claims for all individuals)—are included. This ensures there's a limit on what you'll pay.

Predictable, affordable, and transparent.

Ask your broker or AZ Blue representative how Balanced Funding can work for you.

<sup>1</sup>Medical criteria are used to establish rates for balanced-funding arrangements. Not all businesses will qualify.

<sup>2</sup>With Balanced Funding, composite rates are fixed; however, monthly payments may still change based on your employee census, as employees or dependents are added or removed.

<sup>3</sup>Surplus is paid after plan renewal as long as the business retains an AZ Blue Balanced Funding plan or a major medical plan.



# PLAN CHOICES EFFECTIVE JANUARY 1, 2024

Employers can choose from many health plan options for AZ Blue to administer. All of these plans cover in-network preventive care services at no out-of-pocket cost to employees.

PPO Plans	HMO Plans
<div><b>BluePreferred<sup>®</sup></b><ul style="list-style-type: none"><li>• Variety of deductibles and coinsurance options</li><li>• Convenient copay structure for many in-network covered services</li><li>• Higher deductible options</li><li>• Available networks: Statewide, Alliance, and PimaConnect</li></ul></div>	<div><b>Ascend Plus</b><ul style="list-style-type: none"><li>• Variety of deductibles and coinsurance options</li><li>• Convenient copay structure for many in-network covered services</li><li>• Higher deductible options</li><li>• Available networks: Statewide, Alliance, and PimaConnect</li></ul></div>
<div><b>BluePreferred HSA Plus</b><ul style="list-style-type: none"><li>• Tax advantages as a qualified high-deductible PPO plan that can be paired with a health savings account (HSA)</li><li>• Gives employees control over their healthcare decisions</li><li>• Available networks: Statewide, Alliance, and PimaConnect</li></ul></div>	<div><b>Ascend HSA</b><ul style="list-style-type: none"><li>• Tax advantages as a qualified high-deductible HMO plan that can be paired with a health savings account (HSA)</li><li>• Gives employees control over their healthcare decisions</li><li>• Available networks: Statewide, Alliance, and PimaConnect</li></ul></div>

## New for Balanced Funding groups with effective dates on or after 1/1/2024

BlueSignature <sup>SM</sup> Prosano PPO Plans
<ul style="list-style-type: none"><li>• Four PPO plans that give exclusive access to affordable, convenient, and personalized care</li><li>• In-person and virtual services at Prosano Health Care Centers are provided at no cost</li><li>• Most in-network services performed outside of Prosano Health Care Centers are subject to deductible and coinsurance</li><li>• Available networks: Statewide/National PPO + Prosano and Alliance PPO + Prosano</li></ul>

Networks & Provider Affiliations for PPO and HMO Plans
<p><b>Statewide</b>—Affiliations statewide</p> <p><b>Statewide/National PPO + Prosano*</b>—Affiliations statewide and Prosano Health Care Centers</p> <p><b>Alliance</b> (Maricopa and Pinal counties)—Banner Health and HonorHealth</p> <p><b>Alliance PPO + Prosano*</b>—Banner Health, HonorHealth, and Prosano Health Care Centers</p> <p><b>PimaConnect</b> (Pima County)—Tucson Medical Center and Northwest Medical Center</p>

\* All in-network Prosano Health doctors and Prosano Health Care Centers are located in Maricopa County. Please ask AZ Blue or your broker to learn more about BlueSignature Prosano plans.

# BLUESIGNATURE PROSANO HEALTH PLAN

At a time when the healthcare experience can be impersonal, disconnected, and too expensive, Prosano Health provides an inspiring alternative. Built by AZ Blue, with partners and providers who have a forward-thinking track record and ability to guide the healthcare needs of Arizonans for a lifetime, Prosano Health delivers a powerful new solution of advanced primary care.

Here is what a **BlueSignature Prosano** plan has to offer:



Full PPO network access to ALL AZ Blue and BlueCard® providers offering flexibility



Exclusive access to our new Prosano Health Care Centers, where the healthcare experience is more affordable, convenient, and personalized



No out-of-pocket cost (and no billing) for care received from the Prosano Care Team

At the Prosano Health Care Center, you'll find a collaborative primary care team approach, with a focus on whole-family care for patients 5 and up. Additionally, members have access to:

- **Same-day appointments**, either on-site or virtually, during office hours
- **After-hours care** with a 24/7 nurse line, Prosano providers on call, and BlueCare Anywhere<sup>SM</sup>
- **A clinically trained Care Guide** to partner with and help navigate and schedule appointments with specialists and diagnostic providers
- Integrated **behavioral health specialists** available both on-site and virtual and \$0 copay
- A curated list of high-performing providers with an emphasis on curbside consultation and information integration to **help save time and money**
- **A Benefit Liaison** to help fully understand benefits, costs, and network options

## Center Locations

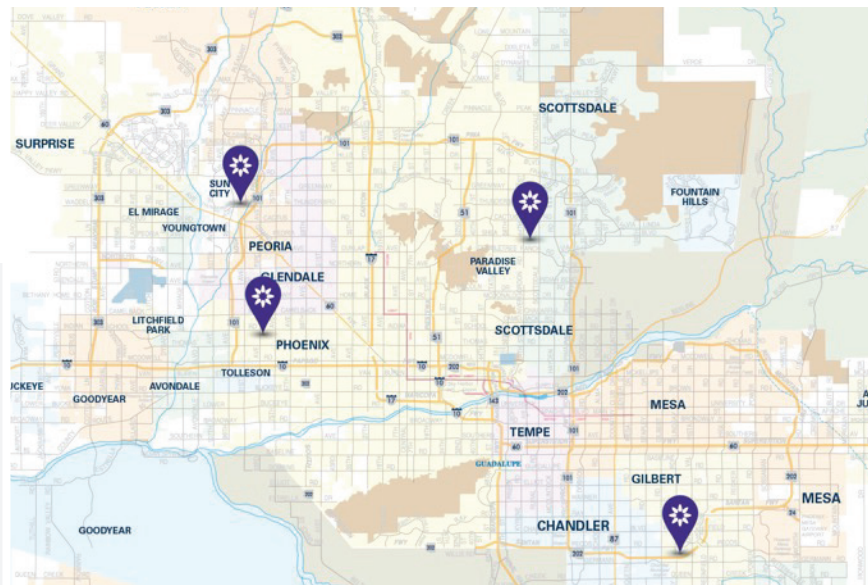
The Desert Harbor Prosano Health Care Center in Peoria is now open, with locations across the valley coming soon to Scottsdale, Gilbert, and West Phoenix.

9000 W. Thunderbird Rd., Suite 110  
Peoria, AZ 85381

3530 S. Val Vista Dr., Suite B105  
Gilbert, AZ 85297

7373 N. Scottsdale Rd., Suite A178  
Scottsdale, AZ 85253

9321 W. Thomas Rd., Suite 420  
Phoenix, AZ 85037







	\$1,000 (80%/50%)	\$2,500 (80%/50%)	\$5,000 (80%/50%)	\$7,000 (70%/50%)
<b>Calendar-Year Deductible</b>	\$1,000/member and \$2,000/family <b>Deductible waived for services at Prosano Health</b>	\$2,500/member and \$5,000/family <b>Deductible waived for services at Prosano Health</b>	\$5,000/member and \$10,000/family <b>Deductible waived for services at Prosano Health</b>	\$7,000/member and \$14,000/family <b>Deductible waived for services at Prosano Health</b>
<b>Provider Networks Available</b>	Statewide/National PPO + Prosano Alliance PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano
<b>Coinsurance (Member)</b>	20%	20%	20%	30%
<b>Out-of-Pocket Limit</b>	\$5,000/member and \$10,000/family	\$6,500/member and \$13,000/family	\$7,500/member and \$15,000/family	\$8,500/member and \$17,000/family
<b>Primary Care (PCP) Visit</b>	<b>Prosano Health: No charge, deductible does not apply</b> 20% after deductible	<b>Prosano Health: No charge, deductible does not apply</b> 20% after deductible	<b>Prosano Health: No charge, deductible does not apply</b> 20% after deductible	<b>Prosano Health: No charge, deductible does not apply</b> 30% after deductible
<b>PCP Selection Required?</b>	No	No	No	No
<b>Specialist Visit</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No
<b>Urgent Care Visit</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge
<b>Prescription Drugs:</b>				
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay
<b>Surgery (Inpatient/Outpatient)</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Emergency Room Visit</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Ambulance</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Telehealth</b>				
Medical Visit	<b>Prosano Health and BlueCare Anywhere: No charge</b>	<b>Prosano Health and BlueCare Anywhere: No charge</b>	<b>Prosano Health and BlueCare Anywhere: No charge</b>	<b>Prosano Health and BlueCare Anywhere: No charge</b>
Counseling Visit	<b>Prosano Health: No charge</b> BlueCare Anywhere: 20% after deductible	<b>Prosano Health: No charge</b> BlueCare Anywhere: 20% after deductible	<b>Prosano Health: No charge</b> BlueCare Anywhere: 20% after deductible	<b>Prosano Health: No charge</b> BlueCare Anywhere: 30% after deductible
Psychiatric Visit	<b>Prosano Health: No charge</b> BlueCare Anywhere: 20% after deductible	<b>Prosano Health: No charge</b> BlueCare Anywhere: 20% after deductible	<b>Prosano Health: No charge</b> BlueCare Anywhere: 20% after deductible	<b>Prosano Health: No charge</b> BlueCare Anywhere: 30% after deductible

In-person and virtual services at Prosano Health Care Centers are provided at no cost. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 19. BlueSignature Prosano plans are only available to Balanced Funding groups with effective dates on or after 1/1/2024.



# BluePreferred 100% PPO

	\$250/\$25/\$45 (100%/50%)	\$500/\$25/\$45 (100%/50%)	\$1,000/\$25/\$50 (100%/50%)	\$1,500/\$25/\$50 (100%/50%)	\$2,000/\$25/\$50 (100%/50%)	\$2,500/\$25/\$60 (100%/50%)	\$3,000/\$25/\$60 (100%/50%)	\$4,000/\$25/\$60 (100%/50%)	\$5,000/\$25/\$75 (100%/50%)	\$6,000/\$25/\$75 (100%/50%)	\$8,300/\$25/\$95 (100%/100%)
<b>Calendar-Year Deductible</b>	\$250/ member and \$500/ family	\$500/ member and \$1,000/ family	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$8,300/ member and \$16,600/ family
<b>Provider Networks Available</b>	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Out-of-Pocket Limit</b>	\$1,500/ member and \$3,000/ family	\$1,750/ member and \$3,500/ family	\$2,250/ member and \$4,500/ family	\$2,750/ member and \$5,500/ family	\$3,250/ member and \$6,500/ family	\$3,750/ member and \$7,500/ family	\$4,250/ member and \$8,500/ family	\$5,250/ member and \$10,500/ family	\$6,250/ member and \$12,500/ family	\$8,150/ member and \$16,300/ family	\$8,300/ member and \$16,600/ family
<b>Primary Care (PCP) Visit</b>	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
<b>PCP Selection Required?</b>	No	No	No	No	No	No	No	No	No	No	No
<b>Specialist Visit</b>	\$45 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$95 copay
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No	No	No	No	No	No
<b>Urgent Care Visit</b>	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$95 copay
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs:</b>											
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	No charge after deductible
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	No charge after deductible
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	No charge after deductible
<b>Surgery (Inpatient/ Outpatient)</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Emergency Room Visit</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	No charge after deductible
<b>Ambulance</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Telehealth</b>											
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 19.





# BluePreferred 90% PPO

	\$250/\$25/\$45 (90%/50%)	\$500/\$25/\$45 (90%/50%)	\$1,000/\$25/\$50 (90%/50%)	\$1,500/\$25/\$50 (90%/50%)	\$2,000/\$25/\$50 (90%/50%)	\$2,500/\$25/\$60 (90%/50%)	\$3,000/\$25/\$60 (90%/50%)	\$4,000/\$25/\$60 (90%/50%)	\$5,000/\$25/\$75 (90%/50%)	\$6,000/\$25/\$75 (90%/50%)
<b>Calendar-Year Deductible</b>	\$250/ member and \$500/ family	\$500/ member and \$1,000/ family	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
<b>Provider Networks Available</b>	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance</b>	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
<b>Out-of-Pocket Maximum</b>	\$3,250/ member and \$6,500/ family	\$3,500/ member and \$7,000/ family	\$4,000/ member and \$8,000/ family	\$4,500/ member and \$9,000/ family	\$5,000/ member and \$10,000/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family
<b>Primary Care (PCP) Visit</b>	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
<b>PCP Selection Required?</b>	No	No	No	No	No	No	No	No	No	No
<b>Specialist Visit</b>	\$45 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No	No	No	No	No
<b>Urgent Care Visit</b>	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs:</b>										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
<b>Surgery (Inpatient/Outpatient)</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Emergency Room Visit</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay
<b>Ambulance</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Telehealth</b>										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 19.



# BluePreferred 80% PPO

	\$500/\$25/\$45 (80%/50%)	\$1,000/\$25/\$50 (80%/50%)	\$1,500/\$25/\$50 (80%/50%)	\$2,000/\$25/\$50 (80%/50%)	\$2,500/\$25/\$60 (80%/50%)	\$3,000/\$25/\$60 (80%/50%)	\$4,000/\$25/\$60 (80%/50%)	\$5,000/\$25/\$75 (80%/50%)	\$6,000/\$25/\$75 (80%/50%)	\$7,000/\$25/\$100 (80%/50%)
<b>Calendar-Year Deductible</b>	\$500/ member and \$1,000/ family	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
<b>Provider Networks Available</b>	Statewide	Statewide, Alliance, PimaConnect	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
<b>Out-of-Pocket Maximum</b>	\$4,500/ member and \$9,000/ family	\$5,000/ member and \$10,000/ family	\$5,500/ member and \$11,000/ family	\$6,000/ member and \$12,000/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family
<b>Primary Care (PCP) Visit</b>	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
<b>PCP Selection Required?</b>	No	No	No	No	No	No	No	No	No	No
<b>Specialist Visit</b>	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No	No	No	No	No
<b>Urgent Care Visit</b>	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs:</b>										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$75 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$100 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay
<b>Surgery (Inpatient/Outpatient)</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Emergency Room Visit</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay
<b>Ambulance</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Telehealth</b>										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 19.





# BluePreferred 70% PPO

	\$1,000/\$25/\$50 (70%/50%)	\$1,500/\$25/\$50 (70%/50%)	\$2,000/\$25/\$50 (70%/50%)	\$2,500/\$25/\$60 (70%/50%)	\$3,000/\$25/\$60 (70%/50%)	\$4,000/\$25/\$60 (70%/50%)	\$5,000/\$25/\$75 (70%/50%)	\$6,000/\$25/\$75 (70%/50%)	\$7,000/\$25/\$100 (70%/50%)	\$8,000/\$35/\$100 (70%/50%)
<b>Calendar-Year Deductible</b>	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$8,000/ member and \$16,000/ family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
<b>Out-of-Pocket Maximum</b>	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family	\$8,700/ member and \$17,400/ family
<b>Primary Care (PCP) Visit</b>	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay
<b>PCP Selection Required?</b>	No	No	No	No	No	No	No	No	No	No
<b>Specialist Visit</b>	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$100 copay
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No	No	No	No	No
<b>Urgent Care Visit</b>	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs:</b>										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay	\$35 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$75 copay	\$75 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$100 copay	\$100 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$200 copay
<b>Surgery (Inpatient/Outpatient)</b>	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Emergency Room Visit</b>	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$750 copay
<b>Ambulance</b>	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Telehealth</b>										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 19.



# BluePreferred HSA Plus 100% PPO

	\$3,200 (100%/100%)	\$4,000 (100%/100%)	\$5,000 (100%/100%)	\$6,000 (100%/100%)	\$7,000 (100%/100%)
<b>Calendar-Year Deductible</b>	\$3,200/ member and \$6,400/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	0%	0%	0%	0%	0%
<b>Out-of-Pocket Maximum</b>	\$3,200/ member and \$6,400/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
<b>Primary Care (PCP) Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No
<b>Specialist Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No
<b>Urgent Care Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Surgery (Inpatient/ Outpatient)</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Emergency Room Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Ambulance</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Telehealth</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 19.





# BluePreferred HSA Plus 90% PPO

	<b>\$1,600 (90%/50%)</b>	<b>\$3,200 (90%/50%)</b>	<b>\$4,000 (90%/50%)</b>	<b>\$5,000 (90%/50%)</b>	<b>\$6,000 (90%/50%)</b>
<b>Calendar-Year Deductible</b>	\$1,600/ member and \$3,200/ family <sup>1</sup>	\$3,200/ member and \$6,400/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
<b>Provider Networks Available</b>	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	10%	10%	10%	10%	10%
<b>Out-of-Pocket Maximum</b>	\$4,000/ member and \$8,000/ family	\$5,500/ member and \$11,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family
<b>Primary Care (PCP) Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No
<b>Specialist Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No
<b>Urgent Care Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Surgery (Inpatient/Outpatient)</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Emergency Room Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Ambulance</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Telehealth</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible

<sup>1</sup>The member deductible applies only to an individual or self-only plan purchase. A member with any covered dependent(s) must meet the family deductible. The family deductible must be met by one or more of the covered members before coinsurance applies. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 19.



# BluePreferred HSA Plus 80%, 70% PPO

	<b>\$3,200 (80%/50%)</b>	<b>\$4,000 (80%/50%)</b>	<b>\$5,000 (80%/50%)</b>	<b>\$6,000 (80%/50%)</b>	<b>\$3,200 (70%/50%)</b>	<b>\$4,000 (70%/50%)</b>	<b>\$5,000 (70%/50%)</b>	<b>\$6,000 (70%/50%)</b>
<b>Calendar-Year Deductible</b>	\$3,200/member and \$6,400/family	\$4,000/member and \$8,000/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family	\$3,200/member and \$6,400/family	\$4,000/member and \$8,000/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	20%	20%	20%	20%	30%	30%	30%	30%
<b>Out-of-Pocket Maximum</b>	\$5,500/member and \$11,000/family	\$6,000/member and \$12,000/family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family	\$5,500/member and \$11,000/family	\$6,000/member and \$12,000/family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family
<b>Primary Care (PCP) Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No	No	No	No
<b>Specialist Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No	No	No
<b>Urgent Care Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Surgery (Inpatient/Outpatient)</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Emergency Room Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Ambulance</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Telehealth</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 19.



# Ascend Plus 100%, 80%, 70% HMO

	\$8,300/\$25/\$95 (100%)	\$3,000/\$25/\$60 (80%)	\$5,000/\$25/\$75 (80%)	\$6,000/\$25/\$75 (80%)	\$7,000/\$25/\$100 (80%)	\$3,000/\$25/\$60 (70%)	\$5,000/\$25/\$75 (70%)	\$6,000/\$25/\$75 (70%)	\$7,000/\$25/\$100 (70%)	\$8,000/\$35/\$100 (70%)
<b>Calendar-Year Deductible</b>	\$8,300/ member and \$16,600/ family	\$3,000/ member and \$6,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$3,000/ member and \$6,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$8,000/ member and \$16,000/ family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	0%	20%	20%	20%	20%	30%	30%	30%	30%	30%
<b>Out-of-Pocket Maximum</b>	\$8,300/ member and \$16,600/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family	\$8,700/ member and \$17,400/ family
<b>Primary Care (PCP) Visit</b>	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay
<b>PCP Selection Required?</b>	No	No	No	No	No	No	No	No	No	No
<b>Specialist Visit</b>	\$95 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$100 copay
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No	No	No	No	No
<b>Urgent Care Visit</b>	\$95 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs:</b>										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay	\$35 copay
Tier 2	No charge after deductible	\$55 copay	\$55 copay	\$55 copay	\$75 copay	\$55 copay	\$55 copay	\$55 copay	\$75 copay	\$75 copay
Tier 3	No charge after deductible	\$85 copay	\$85 copay	\$85 copay	\$100 copay	\$85 copay	\$85 copay	\$85 copay	\$100 copay	\$100 copay
Tier 4	No charge after deductible	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$200 copay
<b>Surgery (Inpatient/ Outpatient)</b>	No charge after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Emergency Room Visit</b>	No charge after deductible	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$750 copay
<b>Ambulance</b>	No charge after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Telehealth</b>										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved.

Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 19.



# Ascend HSA 90%, 80% HMO

	\$3,200 (90%)	\$5,000 (90%)	\$6,000 (90%)	\$3,200 (80%)	\$5,000 (80%)	\$6,000 (80%)
<b>Calendar-Year Deductible</b>	\$3,200/ member and \$6,400/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$3,200/ member and \$6,400/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	10%	10%	10%	20%	20%	20%
<b>Out-of-Pocket Maximum</b>	\$5,500/ member and \$11,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family	\$5,500/ member and \$11,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family
<b>Primary Care (PCP) Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No	No
<b>Specialist Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No
<b>Urgent Care Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Surgery (Inpatient/Outpatient)</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Emergency Room Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Ambulance</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Telehealth</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved.

All plans are subject to the exclusions and limitations on page 19.





# Ascend HSA 70% HMO

	\$3,200 (70%)	\$5,000 (70%)	\$6,000 (70%)
<b>Calendar-Year Deductible</b>	\$3,200/member and \$6,400/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	30%	30%	30%
<b>Out-of-Pocket Maximum</b>	\$5,500/member and \$11,000/family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family
<b>Primary Care (PCP) Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>PCP Selection Required?</b>	No	No	No
<b>Specialist Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No
<b>Urgent Care Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge
<b>Prescription Drugs</b>	30% after deductible	30% after deductible	30% after deductible
<b>Surgery (Inpatient/Outpatient)</b>	30% after deductible	30% after deductible	30% after deductible
<b>Emergency Room Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>Ambulance</b>	30% after deductible	30% after deductible	30% after deductible
<b>Telehealth</b>	30% after deductible	30% after deductible	30% after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved.

All plans are subject to the exclusions and limitations on page 19.

# A QUICK GUIDE TO UNDERSTANDING AZ BLUE BALANCED FUNDING

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## Agreements

Services AZ Blue provides to help administer your plan must be supported by contracts. We will provide an Administrative Services Agreement and a stop-loss policy that will need to be signed by an authorized representative from your organization.

## Claim Funding

Based on your enrollment, we estimate your expected claims and calculate your fixed monthly payment. Once your plan begins, we process and pay your employees' claims as they occur. Even though actual claims will vary from month to month, you pay the same fixed amount each month. You will never pay more than the fixed monthly payments for the duration of the contract year. (Note: Monthly payments may still change based on your employee census as employees or dependents are added or removed.)

## Claims Administration

AZ Blue will manage all claims administration for your medical plan. We will provide an agreement for you to sign authorizing AZ Blue to process claims, billing, reporting, enrollment, membership changes, customer services, materials fulfillment, etc.

## Contract Settlement

The surplus is paid after plan renewal as long as your organization retains an AZ Blue balanced-funding plan or a major medical plan. In the event your plan does not incur the predetermined maximum claims liability, AZ Blue will return 100% of the surplus less any reserve dollars. Settlement reconciliation will take place three months following the contract period end date. If your plan exceeds the maximum claims liability, no additional payments are required.

## Emergency Services

For emergency services, members will pay their in-network cost share, even if services are received from out-of-network providers. Also, out-of-network providers can't balance bill for the difference between the allowed amount and the billed charge.

## Medical Plan Designs

We offer a number of balanced-funding plan designs from which to choose. You will receive a benefit booklet that explains the plan benefits, exclusions, and limitations.

## Self-Funding Arrangement

As an employer, when you choose to provide a self-funded medical plan, you are responsible for your employees' medical benefits directly. Your organization assumes the risk for the payment of claims filed with your plan. AZ Blue's balanced-funding arrangement has been designed to limit risk and make plan administration easy.

## Stop-Loss Insurance Policy

Stop-loss insurance protects your health plan from an unusually high claim, whether the claim is incurred by a single covered member (specific stop-loss) or total claims exceed the budgeted dollar amount (aggregate stop-loss). This ensures there's a limit on what you'll pay.

Our balanced-funding arrangement includes specific stop-loss at \$30,000 and aggregate stop-loss of 110%. This coverage will be for a 12-month contract period plus an additional run-out period. The stop-loss insurance policy, included in your contract, outlines the coverage parameters of your balanced-funding arrangement.

# EXCLUSIONS AND LIMITATIONS

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## PPO Excluded Services & Other Covered Services

Services our plans generally do NOT cover. (Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care, except as stated in plan
- Durable medical equipment (DME) rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Habilitation services, except certain autism services
- Hearing aids
- Home healthcare and infusion therapy exceeding 42 visits (of up to 4 hours)/calendar year
- Homeopathic services
- Infertility medication and treatment
- Inpatient extended active rehabilitation facility (EAR) treatment exceeding 120 days per calendar year and inpatient skilled nursing facility (SNF) treatment exceeding 180 days per calendar year
- Long-term care, except long-term acute care up to a 365-day benefit plan maximum
- Massage therapy other than allowed under evidence-based criteria
- Naturopathic services
- Out-of-network mail-order, out-of-network specialty, and out-of-network 90-day retail supplies of drugs
- Private-duty nursing
- Respite care, except as stated in plan
- Routine foot care
- Routine vision exams
- Sexual dysfunction treatment and services
- Weight-loss programs

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Other covered services. (Limitations may apply to these services. This isn't a complete list. Please see our plan document.)

- Bariatric surgery
- Chiropractic care
- Non-emergency care when traveling outside the U.S.

## HMO Excluded Services & Other Covered Services

Services our plans generally do NOT cover. (Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care, except as stated in plan
- DME rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Habilitation services, except certain autism services
- Hearing aids
- Home healthcare and infusion therapy exceeding 42 visits (of up to 4 hours)/calendar year
- Homeopathic services
- Infertility medication and treatment
- Inpatient EAR treatment exceeding 120 days per calendar year and inpatient SNF treatment exceeding 180 days per calendar year
- Long-term care, except long-term acute care up to a 365-day benefit plan maximum
- Massage therapy other than allowed under evidence-based criteria
- Naturopathic services
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Respite care, except as stated in plan
- Routine foot care
- Routine vision exams
- Services from providers outside the network, except in emergencies and other limited situations when use is preauthorized
- Sexual dysfunction treatment and services
- Weight-loss programs

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Other covered services. (Limitations may apply to these services. This isn't a complete list. Please see our plan document.)

- Bariatric surgery
- Chiropractic care

# THE MEMBER EXPERIENCE

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The AZ Blue Customer Service team is dedicated to providing members with solutions quickly and accurately.

Our concierge model of customer care delivers a one-and-done solution, which means customer service representatives handle benefit-related calls and inquiries about claims.

## Claims and Customer Service

- Provide help navigating the healthcare system
- Have experienced staff with an average tenure of 5.7 years<sup>1</sup>
- Serve all members, regardless of resident state
- Are local, with Arizona-based call centers
- Offer direct access to qualified Spanish-speaking staff
- Provide assistance in over 140 languages (via translated services)



<sup>1</sup> AZ Blue internal data, 2023



# MEMBER ENGAGEMENT TOOLS AND RESOURCES

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We have the tools and resources available for members to make educated decisions on their healthcare choices. Members can access all of the following by logging in to the member portal at **azblue.com/MyBlue**. You can access your online MyBlue account through your mobile device, desktop, or tablet.



## **Find a Doctor:**

Members can easily find a provider, hospital, or lab in their plan's network with this online tool.



## **Spending Accounts:**

Integrates a member's health spending account with the member portal for easy administration of funds.



## **Claims & Spending:**

Simplifies the tracking of claims and spending by combining all activity into one monthly online statement.



## **Telehealth:**

Members can have virtual visits with providers—any time, anywhere—using the **BlueCare Anywhere** telehealth service.



## **Pharmacy Tools:**

Members can quickly search for medications, verify if special authorization is needed, and check for quantity limits using the formulary drug search on **azblue.com/pharmacy**. Sign in to your **MyBlue<sup>SM</sup>** member account at **azblue.com/MyBlue** to submit and track medication home delivery requests.



## **Discount Program:**

Discounts are available through Blue365<sup>®</sup> on national brands for fitness gear, wearables, gym memberships, healthy eating options, and more.



## **Care Cost Estimator:**

Members can shop and compare costs for more than 1,600 procedures such as common surgeries and diagnostic services.



## **Online Access:**

Access to health plan information and resources is available by signing up for a personalized **MyBlue** member account at **azblue.com/MyBlue**.

# TELEHEALTH SERVICES

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## Nurse On Call

Members can connect with a nurse 24/7 to get answers to questions about symptoms they are experiencing, minor illnesses and injuries, medical tests, or preventive care, as well as suggestions for next steps based on their situation.<sup>1</sup>



## BlueCare Anywhere

With BlueCare Anywhere, members can connect to board-certified doctors by live video for urgent medical care, psychiatry, and counseling sessions. The BlueCare Anywhere telehealth service is available any day, any time—from a computer, tablet, or mobile device.



### Medical

Board-certified doctors provide immediate care for a range of common illnesses, aches, and pains, and can prescribe medication.



### Counseling

Licensed psychologists or counselors are available to treat issues—such as mental health and substance use—that can affect emotional, psychological, and social well-being. By appointment only.



### Psychiatry

Board-certified psychiatrists are available for assessments, evaluation, treatment, and can prescribe medication. By appointment only.

Download the [BlueCare Anywhere](#) mobile app<sup>2</sup> or visit **[BlueCareAnywhereAZ.com](#)**.

Call 911 in an emergency.

<sup>1</sup> AZ Blue members should always consult with their healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice, opinion, or recommendation of a healthcare provider.

<sup>2</sup> Your wireless plan's phone and data rates may apply. Search for "BlueCare Anywhere" in the Google Play™ or Apple® App Store® online marketplaces. Apple and App Store are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google Inc.



AZ Blue has partnered with Sharecare® to bring employers a truly differentiated digital health and wellness experience. Our members can expect immediacy, simplicity, and relevancy in a mobile app.



## RealAge Test

Sharecare's clinically validated health assessment evaluates a variety of behaviors and existing conditions to calculate the body's true age. For users, this is their first step toward optimizing their health. They are armed with information about how lifestyle choices can help them stay younger—or age faster—than their chronological age. After completing the RealAge® Test, members will be able to manage their health profile, get personalized recommendations, and receive expert guidance to stay supported and motivated.



## RealAge Program

Upon completion of the RealAge Test, users can begin participating in Sharecare's RealAge digital health program, a healthy behavior program that targets these four highest lifestyle risks—stress, sleep, nutrition, and activity. The program is personalized to the individual based on risk level for each lifestyle category gathered through RealAge Test responses and personal interest. It's fully integrated with other features of Sharecare, such as Trackers, to drive sustained engagement and promote behavior change that can lead to a lower RealAge.

Sharecare is an independent company contracted to provide this online program and/or services for AZ Blue. Information provided by Sharecare is not a substitute for the advice or recommendation of your healthcare provider. RealAge and Sharecare are registered trademarks of Sharecare, Inc.

# CARE MANAGEMENT

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AZ Blue's programs support the patient/provider relationship and enhance the overall healthcare experience for our members. When we help members better manage their health, they can more effectively manage their daily activities, be more productive at work, and reduce their (and your) healthcare costs.

Members can take advantage of the following programs:



## Health Management

Members with conditions like diabetes, congestive heart failure, asthma, COPD, coronary artery disease, behavioral health, or hypertension can get extra help. Care managers work with members to understand their health needs, help coordinate care, find health resources, and provide guidance for managing their condition and health goals.

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## Hospital to Home

When members are transitioning home from a critical care hospital stay, we help ensure that they're getting the care, medications, and equipment they need to reduce preventable hospital readmissions. We will assess the member's needs and assist the member with follow-up doctor and therapy appointments, equipment, and community services, to name a few.





# WE'RE HERE TO HELP

Our team is here to help you find the right health plans for your needs. Reach us at any of the following locations, or visit [azblue.com](https://www.azblue.com) for more details on our products and services.

## PHOENIX

**602-864-5792**

1-800-232-2345, ext. 5792

FAX 602-864-5800

## TUCSON

**520-745-1615**

1-800-621-5563

FAX 1-866-772-2020

## FLAGSTAFF

**928-526-7226**

1-800-601-1946

FAX 602-864-5800

TO LEARN ABOUT  
OUR OTHER OPTIONS FOR YOUR BUSINESS,  
VISIT [azblue.com](https://azblue.com)  
OR CALL US AT 602-864-5792

FOLLOW US ON



An Independent Licensee of the Blue Cross Blue Shield Association