



**BlueCross
BlueShield**
Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Employer Health Plan PRODUCT GUIDE

2025 PLANS

EMPLOYERS WITH
2-50 EMPLOYEES

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VALUE OF BLUE

Introducing the AZ Blue 2025 Product Portfolio!

We know you have many choices when it comes to healthcare. But with AZ Blue, you'll have a truly dedicated, locally based partner with a deep understanding of what Arizonans need to achieve better health.

With a wide range of benefit designs, network options, and care delivery choices, you're sure to find the right solution to meet your organization's goals and budget. You'll also get an unparalleled level

of service. From strategic planning to implementation to day-to-day operations, you'll have the support you need, when you need it.

So will your employees. They'll have a full range of programs and services to be their absolute healthiest. This includes 24/7 virtual care, health and wellness through Sharecare®, and comprehensive care management along with a robust member portal to find a provider, track claims, manage healthcare expenses, and more.

Browse through our plans and products. No matter what you choose, rest assured we've got you and your employees covered.



2025 PLAN CHOICES THAT INSPIRE HEALTH

BlueSignature Prosano

Members enrolled in a BlueSignature Prosano plan have exclusive access to an elevated experience with a dedicated primary care provider team. There is no cost for in-person and virtual care services provided by the Prosano Health Care Team, including behavioral health and chronic condition management. Members can also connect with a benefit liaison who will help them understand benefits, costs, and network options, as well as a clinically trained care guide to help schedule appointments with specialists and diagnostic providers.

Balanced Funding solution

Balanced Funding is a self-funded solution for employers with five or more enrolled employees. With Balanced Funding, employers can enjoy financial predictability and control over monthly healthcare costs.¹

Here's how it works: Employers pay a fixed, monthly amount that includes the cost of administrative services, stop-loss insurance, and all claims coverage.² It also includes detailed claims and experience reports to help you manage expenses. If claims are lower than expected, you'll also have the opportunity to earn money back.

Low copays for Tier 1 generic drugs

All BlueSignature Prosano PPO and EverydayHealth PPO/HMO plans feature \$3 copays for 30-day supplies of Tier 1a generic prescriptions including select insulin. Prescription drugs in Tier 1b have low copays that range from \$10 to \$35 for a 30-day supply, depending upon the plan.

For more information on AZ Blue's Tier 1a Drug List, visit azblue.com/pharmacy-management/Tier1a-Drug-List.

PLAN OPTIONS

PPO Plans

- A wide selection of primary care providers (PCPs) and specialists
- No requirement to have an assigned PCP or get referrals before seeing a specialist
- Access to healthcare out of state with the BlueCard® network when traveling or vacationing
- Out-of-network care covered, but at a higher cost

HMO Plans

- A wide selection of primary care providers (PCPs) and specialists
- No requirement to have an assigned PCP or get referrals before seeing a specialist
- Out-of-network services not covered except in emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and rare situations when preauthorized by AZ Blue

NETWORKS & PROVIDER AFFILIATIONS FOR PPO AND HMO PLANS

Statewide – Affiliations statewide

Statewide/National PPO + Prosano³ – Affiliations statewide and Prosano Health Care Centers

Alliance (Maricopa and Pinal counties) – Banner Health and HonorHealth

Alliance PPO + Prosano³ – Banner Health, HonorHealth, and Prosano Health Care Centers

PimaConnect (Pima County) – Tucson Medical Center and Northwest Medical Center

PimaConnect PPO + Prosano³ – Tucson Medical Center, Northwest Medical Center, and Prosano Health Care Centers

¹Medical criteria are used to establish rates for Balanced Funding arrangements. Not all businesses will qualify.

²With Balanced Funding, composite rates are fixed. Monthly payments may still change based on a business's employee census, as employees or dependents are added or removed.

³All in-network Prosano Health doctors and Prosano Health Care Centers are located in Maricopa and Pima counties. Please ask AZ Blue or your broker to learn more about BlueSignature Prosano plans.

HEALTH PLAN OPTIONS IN 2025

BlueSignature Prosano

Best for: Those who want a dedicated primary care provider team and no-cost, advanced primary care (at Prosano Health Care Centers)

Plans: Four PPO plan options

- There is no cost for in-person and virtual care services provided by the Prosano Health Care Team.
- Most in-network services performed outside of Prosano Health Care Centers are subject to deductible and coinsurance.
- New for 2025, in-network PCP and specialist services outside of Prosano will now be offered at \$75 and \$100 copays, respectively.
- You have the option of pairing this plan with an HRA, FSA, or DCFSA spending account.

EverydayHealth

Best for: Those who want comprehensive coverage

Plans: 20 PPO and seven HMO plan options

- All plans offer copays for many common services.
- You have the option of pairing this plan with an HRA, FSA, or DCFSA spending account.

Portfolio (HSA-qualified plan)

Best for: Those who want to pair their health plan with a health savings account (HSA)

Plans: Six PPO and three HMO plan options

- A great choice if frequent doctor visits or prescriptions are not expected.
- HSAs can be used to pay for a variety of medical expenses, including vision, dental, and prescription drugs.
- By pairing an HSA with a high-deductible PPO or HMO plan, you can give employees the flexibility to choose how their healthcare dollars are spent and enjoy potential tax savings.

Benefits of consumer-directed health plan accounts (CDHP):

Easy

Hassle-free account setup, management, and eligibility data sharing available

Streamlined

One bill captures monthly premiums and CDHP administration fees

Convenient

Dedicated employer customer service for employers integrating any of the following types of spending accounts:

- HSAs
- FSAs
- LPFSAs
- HRAs
- DCFSA

All plans offer coverage for most common healthcare needs, such as:

- Doctor visits
- Prescriptions
- Urgent care and ER visits
- Surgeries
- Virtual visits with BlueCare Anywhere^{SM*}
- Behavioral health needs
- Pediatric dental care from in-network providers
- Preventive care at \$0 out-of-pocket cost from in-network providers
- Routine pediatric vision care

* Virtual visits do not provide emergency care. In an identified or probable emergency, the virtual visit provider will direct the patient to seek emergency care. This is only a brief summary of the benefit plans, designed to help you compare features of different plans. All plans are subject to the exclusions and limitations listed on page 23 of this summary. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply.

With Prosano Health and AZ Blue, you get an innovative, integrated care solution for your entire family. BlueSignature Prosano plans include exclusive access to primary, sick, and behavioral health care at Prosano Health Care Centers, paired with a comprehensive PPO plan for everything else.



Exclusive access to our Prosano Health Care Centers



No-cost care at Prosano Health Care Centers



Full access to a National PPO Network for care outside the centers

Convenient, personalized care under one roof

At Prosano Health Care Centers, you'll find a supportive primary care team approach, with a focus on whole-family care*. Additionally, members have access to:

- **Primary and sick care** for the entire family under one roof
- **Personalized care**, no rushed visits
- **Same- or next-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
- **A Care Guide** to help navigate and schedule appointments if care is needed outside the Care Centers
- Integrated **behavioral health specialists** available both on-site and virtually
- **A Benefit Liaison** to help fully understand benefits, costs, and network options
- **In-house labs****

*Sick care provided for all ages. All other care services are for ages 5 and older.

**The Prosano Health team will be able to draw and process certain basic primary care laboratory testing panels. Lab draws performed at a Prosano Health Care Center that have been ordered by a Prosano Health provider are at no additional cost to members.

PROSANO HEALTH LOCATIONS



Chandler/Gilbert

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

Peoria

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

Phoenix/Avondale

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

Scottsdale

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

Deer Valley

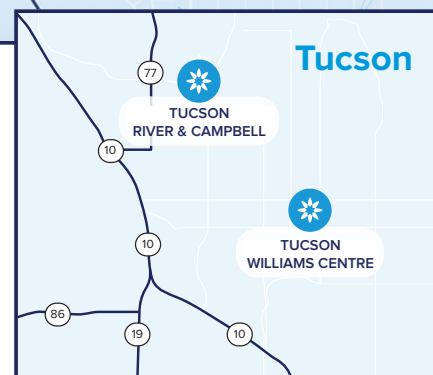
19810 N. 7th Ave.
Ste. 150
Phoenix, AZ 85027

Mesa

1910 S. Stapley Dr.
Ste. 101
Mesa, AZ 85204

Phoenix - Cotton Center Opening 2025

4039 E. Raymond St.
Phoenix, AZ 85040



Tucson: River & Campbell Opening 2025

1790 E. River Rd.
Ste. 200
Tucson, AZ 85718

Tucson: Williams Centre Opening 2025

5210 E. Williams Cir.
Ste. 120
Tucson, AZ 85711



	BlueSignature Prosano PPO Gold \$1,000	BlueSignature Prosano PPO Gold \$2,250	BlueSignature Prosano PPO Silver \$5,000	BlueSignature Prosano PPO Silver \$6,500
Overall Deductible	\$1,000/member and \$2,000/family Deductible waived for services at Prosano Health	\$2,250/member and \$4,500/family Deductible waived for services at Prosano Health	\$5,000/member and \$10,000/family Deductible waived for services at Prosano Health	\$6,500/member and \$13,000/family Deductible waived for services at Prosano Health
Provider Networks Available	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano
Coinsurance (Member)	20%	20%	20%	30%
Out-of-Pocket Maximum	\$5,750/member and \$11,500/family	\$4,900/member and \$9,800/family	\$8,000/member and \$16,000/family	\$8,500/member and \$17,000/family
Referral Required to Visit Specialist?	No	No	No	No
Primary Care (PCP) Visit	Prosano Health: No charge, deductible does not apply Non-Prosano PCP: \$75	Prosano Health: No charge, deductible does not apply Non-Prosano PCP: \$75	Prosano Health: No charge, deductible does not apply Non-Prosano PCP: \$75	Prosano Health: No charge, deductible does not apply Non-Prosano PCP: \$75
Specialist Visit	\$100	\$100	\$100	\$100
Urgent Care Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Room Visit (In and Out of Network)	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Transportation/Ambulance (In and Out of Network)	20% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	30% coinsurance, deductible waived
Inpatient Physician and Surgical Services	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Rx Deductible (Tiers 2 & 3):	n/a	n/a	n/a	n/a
Rx Tier 1a	\$3 copay	\$3 copay	\$3 copay	\$3 copay
Rx Tier 1b	\$15 copay	\$10 copay	\$35 copay	\$20 copay
Rx Tier 2	\$60 copay	\$50 copay	\$80 copay	\$60 copay
Rx Tier 3	\$130 copay	\$100 copay	\$160 copay	\$130 copay
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Preventive Care/ Immunization/Screenings	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge
Telehealth				
Medical Visit	Prosano Health and BlueCare Anywhere: No charge	Prosano Health and BlueCare Anywhere: No charge	Prosano Health and BlueCare Anywhere: No charge	Prosano Health and BlueCare Anywhere: No charge
Counseling Visit	Prosano Health: No charge BlueCare Anywhere: \$20	Prosano Health: No charge BlueCare Anywhere: \$20	Prosano Health: No charge BlueCare Anywhere: \$20	Prosano Health: No charge BlueCare Anywhere: \$20
Psychiatric Visit	Prosano Health: No charge BlueCare Anywhere: \$45	Prosano Health: No charge BlueCare Anywhere: \$45	Prosano Health: No charge BlueCare Anywhere: \$45	Prosano Health: No charge BlueCare Anywhere: \$45

In-person and virtual services at Prosano Health 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. Only formulary drugs are covered unless a formulary exception is approved. 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 23.

	EverydayHealth PPO Platinum 500	EverydayHealth PPO Platinum 750	EverydayHealth PPO Platinum 1000	EverydayHealth PPO Gold 1000	EverydayHealth PPO Gold 1500	EverydayHealth PPO Gold 2000
Overall Deductible	In-network: \$500/member and \$1,000/family	In-network: \$750/member and \$1,500/family	In-network: \$1,000/member and \$2,000/family	In-network: \$1,000/member and \$2,000/family	In-network: \$1,500/member and \$3,000/family	In-network: \$2,000/member and \$4,000/family
Provider Networks Available	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect
Coinsurance (Member)	10%	20%	20%	20%	10%	20%
Out-of-Pocket Maximum	In-network: \$2,000/member and \$4,000/family	In-network: \$2,750/member and \$5,500/family	In-network: \$3,000/member and \$6,000/family	In-network: \$7,000/member and \$14,000/family	In-network: \$6,500/member and \$13,000/family	In-network: \$6,250/member and \$12,500/family
Referral Required to Visit Specialist?	No	No	No	No	No	No
Primary Care (PCP) Visit	\$15	\$10	\$10	\$25	\$30	\$20
Specialist Visit	\$30	\$20	\$20	\$65	\$70	\$55
Urgent Care	\$60	\$60	\$60	\$65	\$70	\$60
Emergency Room Visit (In and Out of Network)	1st visit at \$100 copay, then 10% after deductible	\$100	1st visit at \$150 copay, then 20% after deductible	20% after deductible	10% after deductible	\$350
Emergency Transportation/ Ambulance (In and Out of Network)	10% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	10% coinsurance, deductible waived	20% coinsurance, deductible waived
Inpatient Physician and Surgical Services	10% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Rx Deductible (Tiers 2 & 3)	n/a	n/a	n/a	n/a	n/a	n/a
Rx Tier 1a	\$3	\$3	\$3	\$3	\$3	\$3
Rx Tier 1b	\$10	\$15	\$10	\$15	\$20	\$20
Rx Tier 2	\$25	\$30	\$30	\$60	\$75	\$75
Rx Tier 3	\$50	\$60	\$60	\$130	\$135	\$135
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Preventive Care/ Immunization/Screenings	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge	No charge
Telehealth						
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20	\$20	\$20	\$20	\$20	\$20
Psychiatric Visit	\$30	\$20	\$20	\$45	\$45	\$45

Cost-share amounts are for covered services from providers in the plan's network. Services from out-of-network providers are typically subject to higher cost-share amounts.

Only formulary drugs are covered unless a formulary exception is approved. 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 listed on page 23.



	EverydayHealth PPO Gold 2500	EverydayHealth PPO Gold 3000	EverydayHealth PPO Gold 3500	EverydayHealth PPO Silver 2500	EverydayHealth PPO Silver 3000	EverydayHealth PPO Silver 3250 / 60	EverydayHealth PPO Silver 3500
Overall Deductible	In-network: \$2,500/member and \$5,000/family	In-network: \$3,000/member and \$6,000/family	In-network: \$3,500/member and \$7,000/family	In-network: \$2,500/member and \$5,000/family	In-network: \$3,000/member and \$6,000/family	In-network: \$3,250/member and \$6,500/family	In-network: \$3,500/member and \$7,000/family
Provider Networks Available	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect
Coinurance (Member)	20%	20%	20%	50%	20%	40%	50%
Out-of-Pocket Maximum	In-network: \$7,000/member and \$14,000/family	In-network: \$7,250/member and \$14,500/family	In-network: \$7,250/member and \$14,500/family	In-network: \$7,700/member and \$15,400/family	In-network: \$8,650/member and \$17,300/family	In-network: \$8,700/member and \$17,400/family	In-network: \$8,950/member and \$17,900/family
Referral Required to Visit Specialist?	No	No	No	No	No	No	No
Primary Care (PCP) Visit	\$15	\$20	\$25	\$40	\$45	\$45	\$25
Specialist Visit	\$45	\$60	\$55	\$85	\$95	\$95	\$80
Urgent Care	\$60	\$60	\$60	\$85	\$95	\$95	\$80
Emergency Room Visit (In and Out of Network)	1st visit at \$250 copay, then 20% after deductible	\$300	1st visit at \$350 copay, then 20% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	20% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	50% coinsurance, deductible waived	20% coinsurance, deductible waived	40% coinsurance, deductible waived	50% coinsurance, deductible waived
Inpatient Physician and Surgical Services	20% after deductible	20% after deductible	20% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible
Rx Deductible (Tiers 2 & 3)	n/a	n/a	n/a	\$350/member	\$400/member	n/a	n/a
Rx Tier 1a	\$3	\$3	\$3	\$3	\$3	\$3	\$3
Rx Tier 1b	\$15	\$20	\$20	\$35	\$35	\$35	\$25
Rx Tier 2	\$55	\$60	\$70	\$100	\$90	\$100	\$80
Rx Tier 3	\$110	\$120	\$130	\$200	\$180	\$200	\$160
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Preventive Care/ Immunization/Screenings	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Telehealth							
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Psychiatric Visit	\$45	\$45	\$45	\$45	\$45	\$45	\$45

Cost-share amounts are for covered services from providers in the plan's network. Services from out-of-network providers are typically subject to higher cost-share amounts.

Only formulary drugs are covered unless a formulary exception is approved. 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 listed on page 23.

	EverydayHealth PPO Silver 4000	EverydayHealth PPO Silver 5000	EverydayHealth PPO Silver 5800/100	EverydayHealth PPO Silver 6000	EverydayHealth PPO Silver 6500	EverydayHealth PPO Bronze 7000	EverydayHealth PPO Bronze 8950
Overall Deductible	In-network: \$4,000/member and \$8,000/family	In-network: \$5,000/member and \$10,000/family	In-network: \$5,800/member and \$11,600/family	In-network: \$6,000/member and \$12,000/family	In-network: \$6,500/member and \$13,000/family	In-network: \$7,000/member and \$14,000/family	In-network: \$8,950/member and \$17,900/family
Provider Networks Available	Statewide/ National PPO, Alliance, PimaConnect	Statewide/ National PPO, Alliance, PimaConnect	Statewide/ National PPO, Alliance, PimaConnect	Statewide/ National PPO, Alliance, PimaConnect	Statewide/ National PPO, Alliance, PimaConnect	Statewide/ National PPO, Alliance, PimaConnect	Statewide/ National PPO, Alliance, PimaConnect
Coinsurance (Member)	50%	20%	0%	20%	30%	30%	0%
Out-of-Pocket Maximum	In-network: \$8,900/member and \$17,800/family	In-network: \$8,000/member and \$16,000/family	In-network: \$8,500/member and \$17,000/family	In-network: \$9,000/member and \$18,000/family	In-network: \$8,500/member and \$17,000/family	In-network: \$8,700/member and \$17,400/family	In-network: \$8,950/member and \$17,900/family
Referral Required to Visit Specialist?	No	No	No	No	No	No	No
Primary Care (PCP) Visit	\$40	\$40	\$45	\$25	\$25	\$55	\$25
Specialist Visit	\$95	\$90	\$100	\$95	\$90	\$125	\$95
Urgent Care	\$95	\$90	\$100	\$95	\$90	\$125	\$95
Emergency Room Visit (In and Out of Network)	\$850	20% after deductible	No charge after deductible	1st visit at \$750 copay, then 20% after deductible	30% after deductible	30% after deductible	No charge after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	50% coinsurance, deductible waived	20% coinsurance, deductible waived	No charge after deductible	20% coinsurance, deductible waived	30% coinsurance, deductible waived	30% coinsurance, deductible waived	No charge after deductible
Inpatient Physician and Surgical Services	50% after deductible	20% after deductible	No charge after deductible	20% after deductible	30% after deductible	30% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3)	n/a	\$550/member	n/a	n/a	\$450/member	\$750/member	n/a
Rx Tier 1a	\$3	\$3	\$3	\$3	\$3	\$3	\$3
Rx Tier 1b	\$35	\$35	\$35	\$35	\$25	\$35	\$35
Rx Tier 2	\$90	\$80	\$110	\$100	\$80	\$115	No charge after deductible
Rx Tier 3	\$180	\$160	\$220	\$200	\$160	\$205	No charge after deductible
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	No charge after deductible
Preventive Care/Immunization/ Screenings	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Telehealth							
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Psychiatric Visit	\$45	\$45	\$45	\$45	\$45	\$45	\$45

Cost-share amounts are for covered services from providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts.

Only formulary drugs are covered unless a formulary exception is approved. 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 listed on page 23.

	EverydayHealth HMO Gold 1500	EverydayHealth HMO Silver 3000	EverydayHealth HMO Silver 4000	EverydayHealth HMO Silver 5000	EverydayHealth HMO Silver 6000	EverydayHealth HMO Bronze 7000	EverydayHealth HMO Bronze 8950
Overall Deductible	In-network: \$1,500/member and \$3,000/family	In-network: \$3,000/member and \$6,000/family	In-network: \$4,000/member and \$8,000/family	In-network: \$5,000/member and \$10,000/family	In-network: \$6,000/member and \$12,000/family	In-network: \$7,000/member and \$14,000/family	In-network: \$8,950/member and \$17,900/family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	50%	20%	20%	30%	0%
Out-of-Pocket Maximum	In-network: \$6,500/member and \$13,000/family	In-network: \$8,800/member and \$17,600/family	In-network: \$8,000/member and \$16,000/family	In-network: \$8,150/member and \$16,300/family	In-network: \$8,500/member and \$17,000/family	In-network: \$8,700/member and \$17,400/family	In-network: \$8,950/member and \$17,900/family
Referral Required to Visit Specialist?	No	No	No	No	No	No	No
Primary Care (PCP) Visit	\$35	\$35	\$35	\$40	\$40	\$55	\$25
Specialist Visit	\$75	\$95	\$85	\$90	\$100	\$125	\$95
Urgent Care	\$75	\$95	\$85	\$90	\$100	\$125	\$95
Emergency Room Visit (In and Out of Network)	\$200	20% after deductible	50% after deductible	20% after deductible	1st visit at \$750 copay, then 20% after deductible	30% after deductible	No charge after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	20% coinsurance, deductible waived	20% coinsurance, deductible waived	50% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	30% coinsurance, deductible waived	No charge after deductible
Inpatient Physician and Surgical Services	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3)	n/a	\$450/member	\$450/member	n/a	\$500/member	\$750/member	n/a
Rx Tier 1a	\$3	\$3	\$3	\$3	\$3	\$3	\$3
Rx Tier 1b	\$25	\$35	\$35	\$35	\$35	\$35	\$35
Rx Tier 2	\$70	\$90	\$90	\$90	\$90	\$115	No charge after deductible
Rx Tier 3	\$140	\$180	\$180	\$180	\$180	\$205	No charge after deductible
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	No charge after deductible
Preventive Care/ Immunization/Screenings	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Telehealth							
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Psychiatric Visit	\$45	\$45	\$45	\$45	\$45	\$45	\$45

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. Only formulary drugs are covered unless a formulary exception is approved.

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 23.

	Portfolio PPO Gold 1700 ¹	Portfolio PPO Silver 3300	Portfolio PPO Silver 3750	Portfolio PPO Silver 4250	Portfolio PPO Bronze 5900	Portfolio PPO Bronze 7500
Overall Deductible	In-network: \$1,700/member and \$3,400/family	In-network: \$3,300/member and \$6,600/family	In-network: \$3,750/member and \$7,500/family	In-network: \$4,250/member and \$8,500/family	In-network: \$5,900/member and \$11,800/family	In-network: \$7,500/member and \$15,000/family
Provider Networks Available	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect	Statewide/National PPO, Alliance, PimaConnect
Coinsurance (Member)	10%	30%	20%	10%	30%	0%
Out-of-Pocket Maximum	In-network: \$5,750/member and \$11,500/family	In-network: \$6,650/member and \$13,300/family	In-network: \$6,850/member and \$13,700/family	In-network: \$7,100/member and \$14,200/family	In-network: \$7,250/member and \$14,500/family	In-network: \$7,500/member and \$15,000/family
Referral Required to Visit Specialist?	No	No	No	No	No	No
Primary Care (PCP) Visit	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Specialist Visit	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Urgent Care	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Emergency Room Visit (In and Out of Network)	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Inpatient Physician and Surgical Services	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3)	n/a	n/a	n/a	n/a	n/a	n/a
Rx Tier 1	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Tier 2	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Tier 3	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Specialty Drug	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Preventive Care/ Immunization/Screenings	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Telehealth						
Medical Visit	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Counseling Visit	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Psychiatric Visit	10% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible

Cost-share amounts are for covered services from providers in the plan's network. Services from out-of-network providers are typically subject to higher cost-share amounts.

Only formulary drugs are covered unless a formulary exception is approved. All plans are subject to the exclusions and limitations on page 23.

¹The 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.



	Portfolio HMO Silver 3750	Portfolio HMO Silver 4250	Portfolio HMO Bronze 7500
Overall Deductible	In-network: \$3,750/member and \$7,500/family	In-network: \$4,250/member and \$8,500/family	In-network: \$7,500/member and \$15,000/family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	10%	0%
Out-of-Pocket Maximum	In-network: \$6,500/member and \$13,000/family	In-network: \$7,100/member and \$14,200/family	In-network: \$7,500/member and \$15,000/family
Referral Required to Visit Specialist?	No	No	No
Primary Care (PCP) Visit	20% after deductible	10% after deductible	No charge after deductible
Specialist Visit	20% after deductible	10% after deductible	No charge after deductible
Urgent Care	20% after deductible	10% after deductible	No charge after deductible
Emergency Room Visit (In and Out of Network)	20% after deductible	10% after deductible	No charge after deductible
Emergency Transportation/Ambulance (In and Out of Network)	20% after deductible	10% after deductible	No charge after deductible
Inpatient Physician and Surgical Services	20% after deductible	10% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3)	n/a	n/a	n/a
Rx Tier 1	20% after deductible	10% after deductible	No charge after deductible
Rx Tier 2	20% after deductible	10% after deductible	No charge after deductible
Rx Tier 3	20% after deductible	10% after deductible	No charge after deductible
Specialty Drug	20% after deductible	10% after deductible	No charge after deductible
Preventive Care/Immunization/Screenings	No charge	No charge	No charge
Pediatric Dental	No charge after deductible	No charge after deductible	No charge after deductible
Telehealth			
Medical Visit	20% after deductible	10% after deductible	No charge after deductible
Counseling Visit	20% after deductible	10% after deductible	No charge after deductible
Psychiatric Visit	20% after deductible	10% after deductible	No charge 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. Only formulary drugs are covered unless a formulary exception is approved.

All plans are subject to the exclusions and limitations on page 23.



Type I Covered Services – Diagnostic and Preventive

Oral exams	Two per year ² in any combination of periodic, limited, or comprehensive exams
Prophylaxis – Cleanings	Two per year
X-rays	Any combination of X-rays billed on the same date of treatment cannot exceed the allowed amount for a full-mouth X-ray benefit
Bitewing X-rays	Two sets per year
Periapical X-rays	Covered
Full-mouth X-rays	One set per five-year period
Panoramic X-rays	One set per five-year period. Panoramic X-rays accompanied by bitewing X-rays are considered a set of full-mouth X-rays and are subject to the full-mouth X-ray limit.
Topical Fluoride	Two treatments per year
Sealants	Permanent molars with no decay or restoration only. One application per three-year period.
Space Maintainers	Temporary appliances to replace prematurely lost teeth until permanent teeth erupt

Type II and III Covered Services – Restorative All claims subject to processing based on the least expensive available treatment (LEAT)³

Restorative Fillings	Amalgam and composite resin fillings covered
Simple and Surgical Extractions	Covered
Periodontics – Non-surgical	Periodontal scaling and root planing limited to one per quadrant per two-year period. Periodontal maintenance procedures limited to four per year; prophylaxis and cleanings count toward this limit.
Prosthodontics – Bridges and Dentures	Five-year replacement limit
General Anesthesia	Limited coverage per AZ Blue dental coverage guidelines ⁴
Endodontics – Root Canal	Covered
Crowns/Inlays/Onlays	Five-year replacement limit
Periodontics – Surgical	One procedure per three-year period
Implants	Limited coverage per AZ Blue dental coverage guidelines ⁴

Type IV Covered Services – Orthodontia Cosmetic orthodontia not covered

Orthodontics (dentally necessary)	Limited coverage per AZ Blue dental coverage guidelines ⁴
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In-network services available through the BluePreferred[®] Dental network. A listing of providers in the BluePreferred Dental network can be found at azblue.com.

¹ These plans are offered to employers considered small for purposes of the Affordable Care Act (ACA).

² All per-year benefits mean per calendar year.

³ Only the allowed amount, as based on least expensive available treatment (LEAT), if applicable (and not billed charges), counts to satisfy the deductible. There may be several methods for treating a specific dental condition. All claims for restorative services such as fillings and crowns are subject to analysis for the least expensive available treatment (LEAT). Benefits for restorative procedures will be limited to the LEAT only. For these procedures, AZ Blue will only pay benefits up to the LEAT fee. Members may elect to receive a service that is more costly than the LEAT, but the member will be responsible for cost share based on the LEAT, and will also pay the difference between the fee for the LEAT and the more costly treatment (LEAT balance bill). Any payment made for this LEAT balance bill will not count toward the deductible or out-of-pocket maximum.

⁴ AZ Blue dental coverage guidelines are available upon request. Not all dentally necessary services are covered benefits.

THE MEMBER EXPERIENCE

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 3.5 years¹
- 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)



¹ AZ Blue internal data, 2023

MEMBER ENGAGEMENT TOOLS AND RESOURCES

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 MyBlueSM 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 member account at azblue.com/MyBlue to submit and track medication home delivery requests.



Discount Program:

Discounts are available through Blue365[®] 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



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.¹



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, and treatment, and can prescribe medication. By appointment only.

Download the **BlueCare Anywhere mobile app**² or visit **BlueCareAnywhereAZ.com**.

BlueCare Anywhere is also accessible in the member portal by logging in to **azblue.com/MyBlue**, clicking **Find Care**, and then selecting **BlueCare Anywhere**.

Call 911 in an emergency.

¹AZ 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.

²Your 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. Available at no additional cost, Sharecare helps our members manage all their health in one place—no matter where they are on their journey. Members can access their accounts via the web at azblue.sharecare.com or on the go by downloading the Sharecare app.



RealAge Test

How old are you—really? Sharecare's RealAge® Test is a scientifically based assessment that shows the true age of the body you're living in based on your behaviors and existing conditions.



Personalized Timeline

Once the RealAge Test is completed, members will receive personalized and relevant wellness tips, actionable recommendations to improve their RealAge, videos, and more.



Guided Programs

Members have access to short, guided programs to help boost their mental strength, follow along with quick workouts, improve sleep, and much more.



Unwinding

Unwinding is an evidence-based, digital program based on mindfulness helping members reduce stress, build resilience, and improve mental well-being. Unwinding offers on-demand, in-the-moment tools to ease stress throughout the day. This is a program for anyone dealing with mild to moderate stress who wants simple but effective tools to manage their stress.

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 recommendations of a healthcare provider. RealAge and Sharecare are registered trademarks of Sharecare, Inc.

CARE MANAGEMENT

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 healthcare costs.

Members can take advantage of the following programs:



Health Management

Members with conditions such as diabetes, congestive heart failure, asthma, COPD, coronary artery disease, behavioral health, hypertension, and many other health needs can get the extra help they need. 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.



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 potential hospital readmissions. We will assess the member's needs and assist the member with follow-up doctor and therapy appointments, equipment, and community services.



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

1-800-232-2345

FAX 602-864-5800

TUCSON

1-800-621-5563

FAX 1-866-772-2020

FLAGSTAFF

1-800-601-1946

FAX 602-864-5800

HELPFUL TERMS AND DEFINITIONS

Allowed Amount

The amount AZ Blue has agreed to pay for a covered service. The allowed amount includes both the AZ Blue payment and your cost share. Example: A doctor may normally charge \$100 for a particular service. But he has an agreement with your plan to accept only \$80 as reimbursement for that service. \$80 is the “allowed amount.” The allowed amount includes any amount paid by the plan, plus any amount the member pays as a cost share, including copays and deductibles.

Balance Bill

This is the difference between the AZ Blue allowed amount and a non-contracted provider’s billed charge. Noncontracted providers have no obligation to accept the allowed amount, with the exception of emergency and ancillary services provided in an in-network facility. Any amounts paid for balance bills do not count toward any deductible, coinsurance, or out-of-pocket limit.

Business Size Definitions

2-50: These plans are offered to employers considered small for purposes of the Affordable Care Act (ACA)—the average number of total employees on business days during the previous calendar year was 50 or fewer. These plans are also available to an employer considered large for purposes of the ACA, but considered small for purposes of Arizona law (on a typical business day, 50 or fewer employees are eligible for health benefit plan coverage).

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.

Out-of-Pocket Costs

These are expenses for medical care that aren’t reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services, plus all costs for services that aren’t covered. Not all out-of-pocket expenses are applied to the plan’s maximum out-of-pocket benefit.

Prior Authorization

Some services and medications require prior authorization (sometimes referred to as precertification). Except for emergencies, urgent care, and maternity admissions, prior authorization is always required for inpatient admissions (acute care, behavioral health, long-term acute care, extended active rehabilitation, and skilled nursing facilities), home health services, and most specialty medications. Prior authorization may be required for other covered services and medications.

Prescriptions and Medications

AZ Blue applies limitations to certain prescription medications obtained through the pharmacy benefit. A complete formulary list of covered medications and limitations is available online at [azblue.com](https://www.azblue.com) or by calling AZ Blue. These limitations include, but are not limited to, prior authorization, quantity, age, gender, dosage, and frequency of refill limitations. Plans are also subject to:

- A closed formulary. This means that only medications included on the formulary listing are covered. Any medications not found on that list would require a formulary exception to be made or is simply not a benefit of the plan (please refer to the benefit book for a list of excluded categories).
- A step therapy program that requires members to take preferred products, including but not limited to, the generic version of certain medications before AZ Blue will consider coverage of the brand-name version of that medication.
- A preferred generics program. This means that when a member or provider selects a brand-name product when a generic product is available, the member will be responsible for their copay and any applicable deductible plus the cost difference between the brand-name and generic product. Exceptions are only made when the member is approved for the brand-name medication through the step therapy program or if AZ Blue prefers the brand-name product over the generic product. No additional exceptions to this cost-sharing amount will be made.
- \$3 Tier 1a generic prescription drugs. \$3 copays on 30-day supplies of common everyday prescriptions including select insulin. Prescription drugs in Tier 1b have low copays that range from \$10 to \$35 on a 30-day supply, depending upon your plan.

AZ Blue prescription medication limitations are subject to change at any time without prior notice.

PLAN EXCLUSIONS AND LIMITATIONS

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
- Adult routine vision exam
- Alternative medicine
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care and orthodontic services (adult), 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
- Fertility and infertility medication and treatment
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Home health care and infusion therapy exceeding 42 visits (of up to 4 hours)/calendar year
- Long-term care, except long-term acute care
- Massage therapy other than allowed under evidence-based criteria
- Orthodontic services (pediatric) that are not dentally necessary
- Out-of-network Mail Order and out-of-network Specialty
- Private-duty nursing, except when medically necessary or when skilled nursing is not available
- Respite care
- Routine foot care
- Sexual dysfunction treatment and services
- Weight-loss programs

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

- Bariatric surgery
- Chiropractic care
- Hearing aids, up to one per ear per calendar year
- 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
- Adult routine vision exam
- Alternative medicine
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care and orthodontic services (adult), 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
- Fertility and infertility medication and treatment
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Home health care and infusion therapy exceeding 42 visits (of up to 4 hours)/calendar year
- Long-term care, except long-term acute care
- Massage therapy other than allowed under evidence-based criteria
- Non-emergency care when traveling outside the U.S.
- Orthodontic services (pediatric) that are not dentally necessary
- Private-duty nursing, except when medically necessary or when skilled nursing is not available
- Respite care
- Routine foot care
- Services from providers outside the network, except in emergencies and other limited situations when use is preauthorized
- Sexual dysfunction treatment
- Weight-loss programs

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

- Bariatric surgery
- Chiropractic care
- Hearing aids, up to one per ear per calendar year

PEDIATRIC DENTAL EXCLUSIONS AND LIMITATIONS

Examples of services not covered

This is only a partial list of services that are limited or not covered by the health plans featured in this guide. Expenses for services that exceed the benefit limit are not covered. Detailed information about benefits, exclusions, and limitations is in the benefit plan booklet or rider and is available prior to enrollment, upon request.

- Alternative dentistry
- Athletic mouth guards
- Biopsies
- Bleaching of any kind
- CT scans (e.g., cone beam) and tomographic surveys
- Correction of congenital malformations, except as required by Arizona state law, for newborns, adopted children, and children placed for adoption
- Cosmetic services and any related complications
- Dental services and supplies not provided by a dentist, except as stated in plan
- Duplicate, provisional, and temporary devices, appliances, and services
- Experimental or investigational services
- Fixed pediatric partial dentures
- Genetic tests for susceptibility to oral diseases
- Inpatient or outpatient facility services
- Laboratory and pathology services
- Locally administered antibiotics
- Major restorative and prosthodontic services performed on other than a permanent tooth
- Maxillofacial prosthetics and any related services
- Medications dispensed in a dentist's office, except as stated in plan
- Non-dentally necessary services—services that are not dentally necessary, as determined by AZ Blue. AZ Blue may not be able to determine dental necessity until after services are rendered.
- Occlusal guards for the treatment of temporomandibular joint syndrome or sleep apnea
- Oral hygiene instruction, plaque control programs, and dietary instructions
- Removal of appliances, fixed space maintainers, or posts
- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Sealants for teeth other than permanent molars
- Services resulting from failure to comply with professionally prescribed treatment
- Telephonic and electronic consultations, except as required by law
- Therapy or treatment of the temporomandibular joint, orthognathic surgery, or ridge augmentation
- Tooth transplantation

NOTES

NOTES

TO LEARN ABOUT
OUR OTHER OPTIONS FOR YOUR BUSINESS,
VISIT **azblue.com** OR CALL US AT
1-800-232-2345.

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