



**BlueCross
BlueShield**
Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Employer Health Plan PRODUCT GUIDE

PLAN CHOICES EFFECTIVE APRIL 1, 2024

**EMPLOYERS WITH
51+ EMPLOYEES**

Table of CONTENTS

Value of Blue..... 3

Plan Choices Effective April 1, 2024..... 4-5

BlueSignatureSM Prosano 6

Product Charts..... 7-17

Helpful Terms and Definitions..... 18

Exclusions and Limitations 19

The Member Experience..... 20

Member Engagement Tools and Resources 21

Telehealth Services 22

Health and Wellness..... 23

Care Management 24

Contact Us..... 25

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.



PLAN CHOICES EFFECTIVE APRIL 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>BluePreferred®<ul style="list-style-type: none">Variety of deductibles and coinsurance optionsConvenient copay structure for many in-network covered servicesHigher deductible optionsAvailable networks: Statewide, Alliance, and PimaConnect</div>	<div>Ascend Plus<ul style="list-style-type: none">Variety of deductibles and coinsurance optionsConvenient copay structure for many in-network covered servicesHigher deductible optionsAvailable networks: Statewide, Alliance, and PimaConnect</div>
<div>BluePreferred HSA Plus<ul style="list-style-type: none">Tax advantages as a qualified high-deductible PPO plan that can be paired with a health savings account (HSA)Gives employees control over their healthcare decisionsAvailable networks: Statewide, Alliance, and PimaConnect</div>	<div>Ascend HSA<ul style="list-style-type: none">Tax advantages as a qualified high-deductible HMO plan that can be paired with a health savings account (HSA)Gives employees control over their healthcare decisionsAvailable networks: Statewide, Alliance, and PimaConnect</div>

New for Mid-Market groups with effective dates on or after 1/1/2024

BlueSignature Prosano PPO Plans
<ul style="list-style-type: none">Four PPO plans that give exclusive access to affordable, convenient, and personalized careIn-person and virtual services at Prosano Health Care Centers are provided at no costMost in-network services performed outside of Prosano Health Care Centers are subject to deductible and coinsuranceAvailable networks: Statewide/National PPO + Prosano and Alliance PPO + Prosano

NETWORKS & PROVIDER AFFILIATIONS FOR PPO AND HMO PLANS
<p>Statewide—Affiliations statewide</p> <p>Statewide/National PPO + Prosano*—Affiliations statewide and Prosano Health Care Centers</p> <p>Alliance (Maricopa and Pinal counties)—Banner Health and HonorHealth</p> <p>Alliance PPO + Prosano*—Banner Health, HonorHealth, and Prosano Health Care Centers</p> <p>PimaConnect (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.

Balanced Funding

A self-funding option, Balanced Funding is available for businesses with five or more enrolled employees. Balanced Funding provides employers with financial predictability and control over monthly healthcare costs.¹ With Balanced Funding, employers pay a fixed, monthly amount that includes the cost of administrative services, stop-loss insurance, and all claims coverage.² These payments remain the same for the plan year and will not fluctuate based on claims experience. 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.** 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: \$50,000	Annual Claims Funding: \$50,000
Actual Claims: \$46,000	Actual Claims: \$55,000
Congratulations! Your business will receive \$4,000 back! ³	Don't worry! 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.

¹Medical criteria are used to establish rates for balanced-funding arrangements. Not all businesses will qualify.
²With 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.
³Surplus is paid after plan renewal as long as the business retains an AZ Blue balanced-funding plan or a major medical plan.

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:



Exclusive access
to our new Prosano
Health Care Centers



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



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

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/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 AnywhereSM
- **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

Prosano Health Advanced Primary Care Centers are conveniently located across the Valley. More locations coming in 2024. Check prosanohealth.com for the latest updates.

1. 9000 W. Thunderbird Rd., Suite 110
Peoria, AZ 85381
2. 3530 S. Val Vista Dr., Suite B105
Gilbert, AZ 85297
3. 7373 N. Scottsdale Rd., Suite A178
Scottsdale, AZ 85253
4. 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%)
Calendar-Year Deductible	\$1,000/member and \$2,000/family Deductible waived for services at Prosano Health	\$2,500/member and \$5,000/family Deductible waived for services at Prosano Health	\$5,000/member and \$10,000/family Deductible waived for services at Prosano Health	\$7,000/member and \$14,000/family Deductible waived for services at Prosano Health
Provider Networks Available	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
Coinsurance (Member)	20%	20%	20%	30%
Out-of-Pocket Limit	\$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
Primary Care (PCP) Visit	Prosano Health: No charge, deductible does not apply 20% after deductible	Prosano Health: No charge, deductible does not apply 20% after deductible	Prosano Health: No charge, deductible does not apply 20% after deductible	Prosano Health: No charge, deductible does not apply 30% after deductible
PCP Selection Required?	No	No	No	No
Specialist Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Referral Required to Visit Specialist?	No	No	No	No
Urgent Care Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Preventive Services	No charge	No charge	No charge	No charge
Prescription Drugs:				
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
Surgery (Inpatient/Outpatient)	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Room Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	30% after deductible
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% after deductible	Prosano Health: No charge BlueCare Anywhere: 20% after deductible	Prosano Health: No charge BlueCare Anywhere: 20% after deductible	Prosano Health: No charge BlueCare Anywhere: 30% after deductible
Psychiatric Visit	Prosano Health: No charge BlueCare Anywhere: 20% after deductible	Prosano Health: No charge BlueCare Anywhere: 20% after deductible	Prosano Health: No charge BlueCare Anywhere: 20% after deductible	Prosano Health: No charge BlueCare Anywhere: 30% after deductible

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. 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 Mid-Market 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%)
Calendar-Year Deductible	\$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
Provider Networks Available	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Out-of-Pocket Limit	\$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
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$45 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$95 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No	No
Urgent-Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$95 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:											
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
Surgery (Inpatient/Outpatient)	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
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	No charge after deductible
Ambulance	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
Telehealth											
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%)
Calendar-Year Deductible	\$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
Provider Networks Available	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Out-of-Pocket Maximum	\$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
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$45 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No
Urgent-Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:										
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
Surgery (Inpatient/Outpatient)	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
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay
Ambulance	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
Telehealth										
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.

	\$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%)
Calendar-Year Deductible	\$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
Provider Networks Available	Statewide	Statewide, Alliance, PimaConnect	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Out-of-Pocket Maximum	\$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
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No
Urgent-Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:										
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
Surgery (Inpatient/ Outpatient)	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
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay
Ambulance	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
Telehealth										
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% and 50% 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%)	\$2,000/\$25/\$50 (50%/50%)
Calendar-Year Deductible	\$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	\$2,000/ member and \$4,000/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	50%
Out-of-Pocket Maximum	\$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	\$6,350/ member and \$12,700/ family
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay	\$25 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$100 copay	\$50 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No	No
Urgent-Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$60 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:											
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay	\$35 copay	\$15 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$75 copay	\$75 copay	\$55 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$100 copay	\$100 copay	\$85 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$200 copay	\$150 copay
Surgery (Inpatient/ Outpatient)	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	50% after deductible
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$750 copay	\$350 copay
Ambulance	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	50% after deductible
Telehealth											
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 HSA Plus 100% PPO

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

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

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.

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

	\$3,200 (80%/50%)	\$4,000 (80%/50%)	\$5,000 (80%/50%)	\$6,000 (80%/50%)	\$3,200 (70%/50%)	\$4,000 (70%/50%)	\$5,000 (70%/50%)	\$6,000 (70%/50%)
Calendar-Year Deductible	\$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
Provider Networks Available	Statewide, Alliance, PimaConnect	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%	20%	20%	30%	30%	30%	30%
Out-of-Pocket Maximum	\$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
Primary Care (PCP) Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
PCP Selection Required?	No	No	No	No	No	No	No	No
Specialist Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No
Urgent-Care Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Surgery (Inpatient/Outpatient)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency Room Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Telehealth	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%)
Calendar-Year Deductible	\$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
Provider Networks Available	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
Coinsurance (Member)	0%	20%	20%	20%	20%	30%	30%	30%	30%	30%
Out-of-Pocket Maximum	\$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
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$95 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$100 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No
Urgent-Care Visit	\$95 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:										
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
Surgery (Inpatient/ Outpatient)	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
Emergency Room Visit	No charge after deductible	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$750 copay
Ambulance	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
Telehealth										
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%)
Calendar-Year Deductible	\$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
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	10%	10%	10%	20%	20%	20%
Out-of-Pocket Maximum	\$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
Primary Care (PCP) Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
PCP Selection Required?	No	No	No	No	No	No
Specialist Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Referral Required to Visit Specialist?	No	No	No	No	No	No
Urgent-Care Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Surgery (Inpatient/ Outpatient)	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Emergency Room Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Telehealth	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%)
Calendar-Year Deductible	\$3,200/member and \$6,400/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	30%	30%	30%
Out-of-Pocket Maximum	\$5,500/member and \$11,000/ family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family
Primary Care (PCP) Visit	30% after deductible	30% after deductible	30% after deductible
PCP Selection Required?	No	No	No
Specialist Visit	30% after deductible	30% after deductible	30% after deductible
Referral Required to Visit Specialist?	No	No	No
Urgent-Care Visit	30% after deductible	30% after deductible	30% after deductible
Preventive Services	No charge	No charge	No charge
Prescription Drugs	30% after deductible	30% after deductible	30% after deductible
Surgery (Inpatient/Outpatient)	30% after deductible	30% after deductible	30% after deductible
Emergency Room Visit	30% after deductible	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible
Telehealth	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.

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 (see definition below). 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

51-99+: These plans are offered to employers considered large for purposes of the Affordable Care Act—the average number of total employees on business days during the previous calendar year is 51 or more.

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/pharmacy](https://www.azblue.com/pharmacy) 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 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.

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

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
- 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 and out-of-network Specialty
- Private-duty nursing
- Respite care, except as stated in plan
- Routine foot care
- Routine vision exams
- 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
- 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

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

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

Log in to azblue.com/MyBlue, click **Find care**, then select **BlueCare Anywhere**.

Call 911 in an emergency.

¹ 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.



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, while employers will find tools that drive sustained employee engagement to improve health outcomes and control rising costs at **azblue.sharecare.com**.



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.

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 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.



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
OR CALL US AT 602-864-5792

FOLLOW US ON



An Independent Licensee of the Blue Cross Blue Shield Association