



An Independent Licensee of the Blue Cross Blue Shield Association

# Employer Health Plan PRODUCT GUIDE

**PLAN CHOICES EFFECTIVE JANUARY 1, 2025**

**EMPLOYERS WITH  
51+ 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.**



# PLAN CHOICES EFFECTIVE JANUARY 1, 2025

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

## BlueSignature Prosano PPO Plans

- Four PPO plans that give exclusive access to affordable, convenient, and personalized care
- In-person and virtual services at Prosano Health Care Centers are provided at no cost
- 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

## NETWORKS & PROVIDER AFFILIATIONS FOR PPO AND HMO PLANS

**Statewide**—Affiliations statewide  
**Statewide/National PPO + Prosano\***—Affiliations statewide and Prosano Health Care Centers  
**Alliance** (Maricopa and Pinal counties)—Banner Health and HonorHealth  
**Alliance PPO + Prosano\***—Banner Health, HonorHealth, and Prosano Health Care Centers  
**PimaConnect** (Pima County)—Tucson Medical Center and Northwest Medical Center  
**PimaConnect PPO + Prosano\***—Tucson Medical Center, Northwest Medical Center, and Prosano Health Care Centers

\*All 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.

# PLAN CHOICES EFFECTIVE JANUARY 1, 2025

## 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.<sup>1</sup> With Balanced Funding, employers pay a fixed, monthly amount that includes the cost of administrative services, stop-loss insurance, and all claims coverage.<sup>2</sup> 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: <b>\$50,000</b>	Annual Claims Funding: <b>\$50,000</b>
Actual Claims: <b>\$46,000</b>	Actual Claims: <b>\$55,000</b>
<b>Congratulations!</b> Your business will receive \$4,000 back! <sup>3</sup>	<b>Don't worry!</b> Even if you exceed your projected claims allowance for the year, you won't owe any additional dollars.

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

## Predictable, affordable, and transparent

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

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

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

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

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<sup>SM</sup>
- **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



- CURRENT SITES
- FUTURE EXPANSIONS

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

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

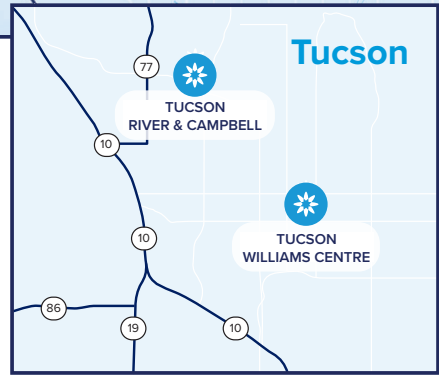
**Phoenix/Avondale**  
9321 W. Thomas Rd.  
Ste. 420  
Phoenix, AZ 85037

**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

	\$1,000 (80%/50%)	\$2,500 (80%/50%)	\$5,000 (80%/50%)	\$7,000 (70%/50%)
<b>Calendar-Year Deductible</b>	\$1,000/member and \$2,000/family <b>Deductible waived for services at Prosano Health</b>	\$2,500/member and \$5,000/family <b>Deductible waived for services at Prosano Health</b>	\$5,000/member and \$10,000/family <b>Deductible waived for services at Prosano Health</b>	\$7,000/member and \$14,000/family <b>Deductible waived for services at Prosano Health</b>
<b>Provider Networks Available</b>	Statewide/National PPO + Prosano Alliance PPO + Prosano 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
<b>Coinsurance (Member)</b>	20%	20%	20%	30%
<b>Out-of-Pocket Limit</b>	\$5,000/member and \$10,000/family	\$6,500/member and \$13,000/family	\$7,500/member and \$15,000/family	\$8,500/member and \$17,000/family
<b>Primary Care (PCP) Visit</b>	<b>Prosano Health: No charge, deductible does not apply</b> Non-Prosano PCP: \$75	<b>Prosano Health: No charge, deductible does not apply</b> Non-Prosano PCP: \$75	<b>Prosano Health: No charge, deductible does not apply</b> Non-Prosano PCP: \$75	<b>Prosano Health: No charge, deductible does not apply</b> Non-Prosano PCP: \$75
<b>PCP Selection Required?</b>	No	No	No	No
<b>Specialist Visit</b>	\$100	\$100	\$100	\$100
<b>Referral Required to Visit Specialist?</b>	No	No	No	No
<b>Urgent Care Visit</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge
<b>Prescription Drugs:</b>				
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay
Tier 3	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Tier 4	\$200 copay	\$200 copay	\$200 copay	\$200 copay
<b>Surgery (Inpatient/Outpatient)</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Emergency Room Visit</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Ambulance</b>	20% after deductible	20% after deductible	20% after deductible	30% after deductible
<b>Telehealth</b>				
Medical Visit	<b>Prosano Health and BlueCare Anywhere: No charge</b>	<b>Prosano Health and BlueCare Anywhere: No charge</b>	<b>Prosano Health and BlueCare Anywhere: No charge</b>	<b>Prosano Health and BlueCare Anywhere: No charge</b>
Counseling Visit	<b>Prosano Health: No charge</b> BlueCare Anywhere: \$20	<b>Prosano Health: No charge</b> BlueCare Anywhere: \$20	<b>Prosano Health: No charge</b> BlueCare Anywhere: \$20	<b>Prosano Health: No charge</b> BlueCare Anywhere: \$20
Psychiatric Visit	<b>Prosano Health: No charge</b> BlueCare Anywhere: \$45	<b>Prosano Health: No charge</b> BlueCare Anywhere: \$45	<b>Prosano Health: No charge</b> BlueCare Anywhere: \$45	<b>Prosano Health: No charge</b> 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.

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 20.





# BluePreferred 100% PPO

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

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 20.



# BluePreferred 90% PPO

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

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 20.

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

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 20.

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

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 20.



# BluePreferred HSA Plus 100% PPO

	<b>\$3,300</b> <b>(100%/100%)</b>	<b>\$4,000</b> <b>(100%/100%)</b>	<b>\$5,000</b> <b>(100%/100%)</b>	<b>\$6,000</b> <b>(100%/100%)</b>	<b>\$7,000</b> <b>(100%/100%)</b>
<b>Calendar-Year Deductible</b>	\$3,300/ member and \$6,600/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	0%	0%	0%	0%	0%
<b>Out-of-Pocket Maximum</b>	\$3,300/ member and \$6,600/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
<b>Primary Care (PCP) Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No
<b>Specialist Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No
<b>Urgent Care Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Surgery (Inpatient/ Outpatient)</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Emergency Room Visit</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Ambulance</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
<b>Telehealth</b>	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 20.



# BluePreferred HSA Plus 90% PPO

	<b>\$1,650 (90%/50%)</b>	<b>\$3,300 (90%/50%)</b>	<b>\$4,000 (90%/50%)</b>	<b>\$5,000 (90%/50%)</b>	<b>\$6,000 (90%/50%)</b>
<b>Calendar-Year Deductible</b>	\$1,650/ member and \$3,300/ family <sup>1</sup>	\$3,300/ member and \$6,600/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
<b>Provider Networks Available</b>	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	10%	10%	10%	10%	10%
<b>Out-of-Pocket Maximum</b>	\$4,000/ member and \$8,000/ family	\$6,000/ member and \$12,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family
<b>Primary Care (PCP) Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No
<b>Specialist Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No
<b>Urgent-Care Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Surgery (Inpatient/ Outpatient)</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Emergency Room Visit</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Ambulance</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
<b>Telehealth</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible

<sup>1</sup>The member deductible applies only to an individual or self-only plan purchase. A member with any covered dependent(s) must meet the family deductible. The family deductible must be met by one or more of the covered members before coinsurance applies.

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 20.



# BluePreferred HSA Plus 80%, 70% PPO

	\$3,300 (80%/50%)	\$4,000 (80%/50%)	\$5,000 (80%/50%)	\$6,000 (80%/50%)	\$3,300 (70%/50%)	\$4,000 (70%/50%)	\$5,000 (70%/50%)	\$6,000 (70%/50%)
<b>Calendar-Year Deductible</b>	\$3,300/member and \$6,600/family	\$4,000/member and \$8,000/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family	\$3,300/member and \$6,600/family	\$4,000/member and \$8,000/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	20%	20%	20%	20%	30%	30%	30%	30%
<b>Out-of-Pocket Maximum</b>	\$6,000/member and \$12,000/family	\$6,000/member and \$12,000/family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family	\$6,000/member and \$12,000/family	\$6,000/member and \$12,000/family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family
<b>Primary Care (PCP) Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No	No	No	No
<b>Specialist Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No	No	No
<b>Urgent Care Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Surgery (Inpatient/Outpatient)</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Emergency Room Visit</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Ambulance</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Telehealth</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 20.



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

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

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

Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 20.





# Ascend HSA 90%, 80% HMO

	<b>\$3,300 (90%)</b>	<b>\$5,000 (90%)</b>	<b>\$6,000 (90%)</b>	<b>\$3,300 (80%)</b>	<b>\$5,000 (80%)</b>	<b>\$6,000 (80%)</b>
<b>Calendar-Year Deductible</b>	\$3,300/ member and \$6,600/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$3,300/ member and \$6,600/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	10%	10%	10%	20%	20%	20%
<b>Out-of-Pocket Maximum</b>	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family
<b>Primary Care (PCP) Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>PCP Selection Required?</b>	No	No	No	No	No	No
<b>Specialist Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No	No	No	No
<b>Urgent Care Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Surgery (Inpatient/ Outpatient)</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Emergency Room Visit</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Ambulance</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Telehealth</b>	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible

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

All plans are subject to the exclusions and limitations on page 20.



# Ascend HSA 70% HMO

	<b>\$3,300 (70%)</b>	<b>\$5,000 (70%)</b>	<b>\$6,000 (70%)</b>
<b>Calendar-Year Deductible</b>	\$3,300/member and \$6,600/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family
<b>Provider Networks Available</b>	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
<b>Coinsurance (Member)</b>	30%	30%	30%
<b>Out-of-Pocket Maximum</b>	\$6,000/member and \$12,000/family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family
<b>Primary Care (PCP) Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>PCP Selection Required?</b>	No	No	No
<b>Specialist Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>Referral Required to Visit Specialist?</b>	No	No	No
<b>Urgent Care Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>Preventive Services</b>	No charge	No charge	No charge
<b>Prescription Drugs</b>	30% after deductible	30% after deductible	30% after deductible
<b>Surgery (Inpatient/Outpatient)</b>	30% after deductible	30% after deductible	30% after deductible
<b>Emergency Room Visit</b>	30% after deductible	30% after deductible	30% after deductible
<b>Ambulance</b>	30% after deductible	30% after deductible	30% after deductible
<b>Telehealth</b>	30% after deductible	30% after deductible	30% after deductible

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

All plans are subject to the exclusions and limitations on page 20.

# HELPFUL TERMS AND DEFINITIONS

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## 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

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## PPO Excluded Services & Other Covered Services

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

- Acupuncture
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care, except as stated in plan
- Durable medical equipment (DME) rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Fertility and infertility medication and treatment
- 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
- 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

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

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

## HMO Excluded Services & Other Covered Services

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

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

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

- Bariatric surgery
- Chiropractic care

# THE MEMBER EXPERIENCE

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

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

## Claims and Customer Service

- Provide help navigating the healthcare system
- Have experienced staff with an average tenure of 3.5 years<sup>1</sup>
- Serve all members, regardless of resident state
- Are local, with Arizona-based call centers
- Offer direct access to qualified Spanish-speaking staff
- Provide assistance in over 140 languages (via translated services)



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

# MEMBER ENGAGEMENT TOOLS AND RESOURCES

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We have the tools and resources available for members to make educated decisions on their healthcare choices. Members can access all of the following by logging in to the member portal at [azblue.com/MyBlue](https://azblue.com/MyBlue). You can access your online MyBlue<sup>SM</sup> 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](https://azblue.com/pharmacy). Members can sign in to their **MyBlue** account at [azblue.com/MyBlue](https://azblue.com/MyBlue) to submit and track medication home delivery requests.



## Discount Program:

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



## Care Cost Estimator:

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



## Online Access:

Access to health plan information and resources is available by signing up for a personalized **MyBlue** member account at [azblue.com/MyBlue](https://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.<sup>1</sup>



## BlueCare Anywhere

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



### Medical

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



### Counseling

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



### Psychiatry

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

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

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

Call 911 in an emergency.

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

<sup>2</sup>Your wireless plan's phone and data rates may apply. Search for "BlueCare Anywhere" in the Google Play™ or Apple® App Store® online marketplaces.

Apple and App Store are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google Inc.



AZ Blue has partnered with Sharecare® to bring employers a truly differentiated digital health and wellness experience. 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](https://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

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



TO LEARN ABOUT  
OUR OTHER OPTIONS FOR YOUR BUSINESS,  
VISIT [azblue.com](https://azblue.com)  
OR CALL US AT 1-800-232-2345

FOLLOW US ON



An Independent Licensee of the Blue Cross Blue Shield Association