

# 2024 Benefits & Enrollment Guide



# HMO

Medicare Advantage Plans

Maricopa, Pinal, & Pima Counties

**Blue Best Life Classic (HMO)** (H0302-006)

**Blue Best Life Plus (HMO)** (H0302-001)

**Blue Best Life Classic (HMO)** (H0302-008)

This booklet includes a  
Summary of Benefits



An Independent Licensee of the Blue Cross Blue Shield Association

# Living your **best life** starts with good health



We're here to make sure your healthcare needs are met. Please review this guide so you can get the most from your Blue Cross® Blue Shield® of Arizona (AZ Blue) Medicare Advantage plan. You'll find information to help you get the care and learn about the health and wellness extras available to you.

These healthy benefits will help you live your best life:

## **Blue Best Life Classic** Maricopa/Pinal

- \$0 monthly premium
- **NEW** – No referral needed to see specialists.
- Wide choice of providers and hospitals, including Banner
- \$2,000 comprehensive dental coverage
- \$200 yearly single-purchase allowance for eyewear
- \$699-\$999 copay (per ear per hearing aid), plus free rechargeable upgrade
- \$0 fitness centers benefits
- Quarterly Over-the-counter (OTC) allowance
- Lower maximum out-of-pocket limits

## **Blue Best Life Plus** Maricopa/Pinal

- Low monthly premium plan
- **NEW** – No referral needed to see specialists.
- Wide choice of providers and hospitals, including Banner
- \$3,000 comprehensive dental coverage
- \$200 yearly single-purchase allowance for eyewear
- \$699-\$999 copay (per ear per hearing aid), plus free rechargeable upgrade
- \$0 fitness centers benefits
- Quarterly Over-the-counter (OTC) allowance
- Lower maximum out-of-pocket limits

## **Blue Best Life Classic** Pima

- \$0 monthly premium
- **NEW** – No referral needed to see specialists.
- Wide choice of providers and hospitals, including Banner
- \$200 yearly single-purchase allowance for eyewear
- \$699-\$999 copay (per ear per hearing aid), plus free rechargeable upgrade
- \$0 fitness centers benefits
- Quarterly Over-the-counter (OTC) allowance
- Lower maximum out-of-pocket limits

Review the Summary of Benefits for all the Medicare Advantage plans available in Maricopa, Pinal, and Pima counties. The plan does not require a referral from a PCP to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your doctor to see you.



# Medicare Plans That Work for You

You've earned your Medicare benefits. At AZ Blue, you'll find Medicare plans that work hard to help you be your healthiest.

## Benefits for Your Best Health

Wherever you are on your health journey, AZ Blue has you covered. From wellness rewards to support for chronic conditions, your plan empowers you to take charge of your health and embrace your best life.

## Easy Access to Quality Care

You deserve to get the care you need—when you need it. AZ Blue offers a choice of plans and a large network of providers and hospitals for easy access to quality care.

## Caring for Your Happiness

Built on AZ Blue's 80-plus-year legacy of excellent service, our local Member Services team consistently delivers personalized service and a health insurance experience members feel good about.

9 out of 10 members are highly satisfied with our plans and the access to doctors and hospitals of their choice.\*

**LET US HELP YOU FIND THE PLAN THAT WORKS FOR YOU!**

\*2022 Medicare Advantage Member Relationship Survey administered by Sparks Research.

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# Plan Highlights

Plan Benefit	Blue Best Life Classic (HMO) (H0302-006)
Service Area (County)	Maricopa/Pinal
Monthly Premium	\$0
Maximum Out-of-Pocket Limit	\$2,900
Primary Care Provider (PCP)	\$0 copay
Specialist	\$20 copay (no referral needed)
Routine Eye Exam <sup>1</sup>	\$0 copay
Eyewear <sup>1</sup>	\$200 annual single-purchase allowance
Annual Physical Exam	\$0 copay
Inpatient Hospital	\$225 (days 1-6)
Routine Labs	\$0 copay
X-rays	\$20 copay
Physical Therapy Services	\$20 copay
Meals	14 meals post discharge
Over-the-Counter (OTC) Products	\$75 quarterly allowance
Ambulance Services – Ground Transportation	\$275 copay
Emergency Care	\$125 copay
Urgent Care Services	\$25 copay
Worldwide Emergency Care and Transportation/ Urgent Care Coverage	\$120 copay \$30,000 combined lifetime maximum
Gym Membership: SilverSneakers <sup>®2</sup>	Included
Routine Hearing Exam + Hearing Aid <sup>1</sup>	\$0 copay + hearing aid copay (\$699-\$999 per ear, per year) Rechargeable hearing aid upgrade included.
Dental - Preventive/Comprehensive (Non-Medicare covered)	\$10 office visit copay Select Preventive Services: <b>2x/year</b> Comprehensive Services: 50% coinsurance \$2,000 benefit maximum
Acupuncture (Medicare Covered)	\$30
Chiropractic (Medicare Covered)	\$20
Acupuncture, Chiropractic, and Therapeutic Massage <sup>1</sup> (Non-Medicare Covered)	\$15 (30 combined visits)

Blue Best Life Plus (HMO) (H0302-001)	Blue Best Life Classic (HMO) (H0302-008)
Maricopa/Pinal	Pima
\$45	\$0
\$2,500	\$2,900
\$0 copay	\$0 copay
\$25 copay (no referral needed)	\$25 copay (no referral needed)
\$0 copay	\$0 copay
\$200 annual single-purchase allowance	\$200 annual single-purchase allowance
\$0 copay	\$0 copay
\$225 (days 1-6)	\$250 (days 1-6)
\$0 copay	\$0 copay
\$10 copay	\$20 copay
\$10 copay	\$20 copay
14 meals post discharge	14 meals post discharge
\$50 quarterly allowance	\$50 quarterly allowance
\$275 copay	\$275 copay
\$125 copay	\$125 copay
\$25 copay	\$35 copay
\$100 copay	
\$60,000 combined lifetime maximum	
Included	Included
\$0 copay + hearing aid copay (\$699-\$999 per ear, per year) Rechargeable hearing aid upgrade included.	\$0 copay + hearing aid copay (\$699-\$999 per ear, per year). Rechargeable hearing aid upgrade included.
\$10 office visit copay Select Preventive Services: <b>2x/year</b> Comprehensive Services: 50% coinsurance \$3,000 benefit maximum	Not Covered
\$30	\$30
\$20	\$20
\$15 (30 combined visits)	Not covered

Plan Benefit	Blue Best Life Classic (HMO) (H0302-006)	Blue Best Life Plus (HMO) (H0302-001)	Blue Best Life Classic (HMO) (H0302-008)
	Maricopa/Pinal	Maricopa/Pinal	Pima
<b>Prescription Drug Plan</b>			
<b>Prescription Deductible</b>	No deductible		
<b>Retail Cost Sharing</b>	<b>One-month supply</b>		
<b>Tier 1:</b> Preferred Generic	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay
<b>Tier 2:</b> Generic	<b>\$9</b> copay	<b>\$9</b> copay	<b>\$9</b> copay
<b>Tier 3:</b> Preferred Brand	<b>\$47</b> copay	<b>\$47</b> copay	<b>\$47</b> copay
<b>Tier 4:</b> Non-Preferred Drug	<b>\$100</b> copay	<b>\$100</b> copay	<b>\$100</b> copay
<b>Tier 5:</b> Specialty	<b>33%</b> coinsurance	<b>33%</b> coinsurance	<b>33%</b> coinsurance
<b>Tier 6:</b> Select Care Drugs	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay
<b>Retail and Mail-Order Cost Sharing</b>	<b>Extended-day supply</b>		
<b>Tier 1:</b> Preferred Generic	<b>\$0</b> copay (100-day supply)	<b>\$0</b> copay (100-day supply)	<b>\$0</b> copay (100-day supply)
<b>Tier 2:</b> Generic	<b>\$9</b> copay (100-day supply)	<b>\$9</b> copay (100-day supply)	<b>\$9</b> copay (100-day supply)
<b>Tier 3:</b> Preferred Brand	<b>\$141</b> copay (90-day supply)	<b>\$141</b> copay (90-day supply)	<b>\$141</b> (90-day supply)
<b>Tier 4:</b> Non-Preferred Drug	<b>\$300</b> copay (90-day supply)	<b>\$300</b> copay (90-day supply)	<b>\$300</b> (90-day supply)
<b>Tier 5:</b> Specialty	Not available	Not available	Not available
<b>Tier 6:</b> Select Care Drugs	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay

This is only a summary of benefits. Please refer to the Evidence of Coverage for a full description of benefits.

The plan does not require a referral from a PCP to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your doctor to see you.

<sup>1</sup>Through network provider and preferred brand.

<sup>2</sup>SilverSneakers® and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Classes vary by location. Access to PL facilities may be limited in some locations. This information is not a complete description of the program. The SilverSneakers program is not an insurance policy and does not provide insurance coverage.

## Blue Cross Blue Shield of Arizona

**1-888-274-0367, TTY: 711**

**azblue.com/medicare**

**We're here for you:**

8 a.m. to 8 p.m., October 1 to March 31: [Daily](#)  
April 1 to September 30: [Monday through Friday](#)

## FIND A HOSPITAL IN YOUR NETWORK

You'll always save money when using hospitals that are in your network. Use the chart below or the **Find a Doctor** tool at [azblue.com/FindMedicareDoc](https://www.azblue.com/FindMedicareDoc). Remember, in an emergency you'll never be charged out-of-network costs when using an out-of-network hospital.

HMO Plan	Blue Best Life Classic	Blue Best Life Plus	Blue Best Life Classic
County	Maricopa/Pinal	Maricopa/Pinal	Pima
<b>Banner Health</b>	Banner Baywood Medical Center Banner Boswell Medical Center Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Gateway Medical Center Banner Heart Hospital Banner Thunderbird Medical Center Banner Ocotillo Medical Center Banner University Medical Center Phoenix Campus Banner Ironwood Medical Center (Pinal) Banner Goldfield Medical Center (Pinal) Banner Casa Grande Medical Center (Pinal)		Banner University Medical Center Tucson Banner University Medical Center South
<b>Dignity Health</b>	Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center		Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center
<b>HonorHealth</b>	HonorHealth Deer Valley Medical Center HonorHealth Greenbaum HonorHealth John C. Lincoln Medical Center HonorHealth Piper Surgery Center HonorHealth Scottsdale Inpatient Acute Rehab HonorHealth Scottsdale Osborn Medical Center HonorHealth Scottsdale Shea Medical Center HonorHealth Scottsdale Thompson Peak Medical Center		HonorHealth Deer Valley Medical Center HonorHealth Greenbaum HonorHealth John C. Lincoln Medical Center HonorHealth Piper Surgery Center HonorHealth Scottsdale Inpatient Acute Rehab HonorHealth Scottsdale Osborn Medical Center HonorHealth Scottsdale Shea Medical Center HonorHealth Scottsdale Thompson Peak Medical Center
<b>Tenet Health</b>	Abrazo Arrowhead Campus Abrazo Central Campus Abrazo Scottsdale Campus Abrazo West Campus Arizona Orthopedic and Surgical Specialty Hospital		Carondelet St. Joseph's Hospital Carondelet St. Mary's Hospital Bridges Geropsychiatric Program at St. Mary's Hospital Carondelet Holy Cross Hospital (Santa Cruz)
<b>Steward Health</b>	Florence Hospital (Pinal), Mountain Vista Medical Center Tempe St. Luke's Hospital		
<b>Tucson Medical Center</b>	Tucson Medical Center		Tucson Medical Center
<b>Community Health Systems (CHS)</b>	Oro Valley Hospital		Northwest Medical Center Oro Valley Hospital

# More Care for Less

## DISCOVER BENEFITS AND EXTRAS TO HELP YOU BE AT YOUR BEST

These exclusive member savings and services complement your AZ Blue Medicare Advantage health plan, so you can live healthier every day.



### 24/7 Nurse On Call

Getting answers to your health questions is easy with Nurse On Call. For no additional cost, you can talk to a registered nurse any time you need—days, nights, weekends, and holidays—from wherever you are. Caring nurses can talk to you about your symptoms and help you decide if you should take care of your issues at home or seek care from your primary care provider, urgent care center, or emergency room (ER).

Contact a Nurse On Call 24/7 at **1-888-905-1172, TTY: 711.**



### Fitness Programs

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence, and connect with your community. With SilverSneakers, you're free to move in the ways that work for you. With access to up to 22,000 fitness locations nationwide including Anytime Fitness, EōS Fitness, Mountainside Fitness, LA Fitness, Esporta Fitness, Life Time, YMCA, and Planet Fitness.<sup>1</sup>

Go to **SilverSneakers.com/StartHere** to get started. For questions, call us at **1-888-423-4632, TTY: 711.**



### Vision Services

Routine vision services include a non-medical eye examination to check vision, screen for eye disease, and/or update eyeglass or contact lens prescriptions with a preferred provider. You'll have access to nearly 22,000 preferred vision care providers in Arizona.

- **\$0** copay for non-Medicare covered vision exams with a preferred Davis Vision provider

Eyewear allowance for a single purchase annually through a preferred provider:

- Classic Plan (Maricopa/Pinal) **\$200** • Classic Plan (Pima) **\$200**
- Plus Plan (Maricopa/Pinal) **\$200**

Call Member Services at **480-937-0409** (in Arizona) or at **1-800-446-8331, TTY: 711** to learn more.

<sup>1</sup>Fitness brands vary by service area and not all locations with a fitness brand participate in the SilverSneakers network. SilverSneakers is a registered trademark of Tivity Health, Inc. Tivity Health, Inc. is an independent and separate company contracted with Blue Cross Blue Shield of Arizona (BCBSAZ) to provide health and wellness services to BCBSAZ members. The SilverSneakers program is not an insurance policy and does not provide insurance coverage. © 2023 Tivity Health, Inc. All rights reserved.



## TruHearing™ Hearing Services

Get a comprehensive hearing care solution with high-quality hearing aids and local, professional care at a fraction of the cost through TruHearing®. TruHearing acts as a concierge service that guides you through the full process, from scheduling the exam, to selecting the product, and obtaining the hearing aids.

- Non-Medicare covered hearing exams at **\$0** copay
- Two TruHearing-branded hearing aids per ear per year at \$699-\$999 copay per aid.
- Rechargeable hearing aid upgrade at no cost

To schedule your routine hearing examination and to find out more about hearing aid options, contact TruHearing directly at **1-855-210-6996, TTY: 711** from 8 a.m. to 8 p.m., Monday through Friday.



## Over-the-Counter (OTC) Products

An OTC allowance will be added each quarter to your benefits card; funds do not roll over. Use your OTC allowance at participating retail locations including Walmart, CVS, Walgreens, Frys, Safeway and Rite-Aid across the country for eligible health-related products.

Note: your OTC allowance cannot be used to purchase tobacco, firearms, prescription drugs or gift cards.

- Classic (Maricopa/Pinal) – **\$75** quarterly allowance
- Plus (Maricopa/Pinal) – **\$50** quarterly allowance
- Classic (Pima) – **\$50** quarterly allowance

Call the activation number listed on your card or Member Outreach at **602-313-7135, TTY:711** from 8 a.m. to 4:30 p.m., Monday through Friday to activate your card and get started.



## Chiropractic, Acupuncture, and Therapeutic Massage

Stay active and live comfortably, with benefits that include alternative treatments for chronic pain. If you're suffering from chronic pain but want alternatives to prescription medications or surgery, chiropractic, acupuncture, and therapeutic massage are covered.

- Classic and Plus (Maricopa/Pinal) – **\$15** copay for up to 30 combined visits

Find a provider near you by calling American Specialty Health at **1-800-678-9133, TTY: 711**.



## Meals

Plan may provide fourteen (**14**) meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility when arranged by Plan staff.

Home delivery includes a single delivery of (**14**) refrigerated fresh meals by a designated vendor. Good for two weeks.



## Preventive and Comprehensive Dental Services

Your BlueDental<sup>SM</sup> Prime plan offers preventive and comprehensive (restorative) benefits and an Arizona statewide AZ Blue BlueDental Prime network to help you manage your oral healthcare for less. Review your Summary of Benefits and Evidence of Coverage (EOC) for more details.

Blue Best Life Classic (HMO) Maricopa/Pinal	Blue Best Life Plus (HMO) Maricopa/Pinal
<b>\$10</b> office visit copay for all preventive and comprehensive visits	<b>\$10</b> office visit copay for all preventive and comprehensive visits
Coverage at <b>100%</b> after office visit copay for preventive services (2 every year): <ul style="list-style-type: none"> <li>- oral exams</li> <li>- prophylaxis (cleaning)</li> <li>- dental X-rays</li> <li>- one fluoride treatment</li> </ul>	Coverage at <b>100%</b> after office visit copay for preventive services (2 every year): <ul style="list-style-type: none"> <li>- oral exams</li> <li>- prophylaxis (cleaning)</li> <li>- dental X-rays</li> <li>- one fluoride treatment</li> </ul>
Coverage at <b>50%</b> coinsurance for restorative services including endodontics, periodontics, prosthodontics	Coverage at <b>50%</b> coinsurance for restorative services including endodontics, periodontics, prosthodontics
Implants - not covered	Coverage at <b>50%</b> coinsurance for implants (7-year replacement limit)
<b>\$2,000</b> annual maximum coverage amount Some benefit limits may apply.	<b>\$3,000</b> annual maximum coverage amount Some benefit limits may apply.

Network providers are subject to change. For the most current information, please visit us at [azblue.com/FindMedicareDoc](http://azblue.com/FindMedicareDoc). Companies referenced are separate, independent companies contracted with AZ Blue to provide specific services.

# Getting Started

## HERE'S WHAT YOU CAN EXPECT AFTER YOU ENROLL.

Check your mail for these important communications:



### Verification Letter

You'll receive a letter that provides information about the plan you enrolled in, and lets you know who to call with questions.



### Confirmation of Enrollment Letter and New Member Kit

Once Medicare has approved your enrollment, you will receive a confirmation letter and a new member kit. Use your confirmation letter as proof of insurance and prescription drug coverage until you receive your member ID card.



### Member ID Card

Your new member ID Card will be sent in a separate mailing within 10 calendar days after your enrollment is confirmed, or by the last day of the month prior to your effective date, whichever is later. **If you have changed from one AZ Blue Medicare Advantage plan to another, you will have a new ID number with a different three-letter prefix in front of it. Share your information with providers and pharmacies to ensure coverage.**



### Dental ID Card

If your plan includes the BlueDental Prime plan, your new ID card will be sent in a separate mailing.

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## Important steps to take once you're enrolled



### Schedule Your Annual Physical Exam

The annual physical exam with your primary care provider (PCP) is a great opportunity to review your medical history and make sure you are up to date on vaccinations and preventive screenings.



### Choose or Verify Your In-Network Primary Care Provider

You should have already selected a PCP when you enrolled in the Medicare Advantage plan. If you need information about your provider, or need to change your provider, visit the online Provider Directory at [azblue.com/FindMedicareDoc](https://azblue.com/FindMedicareDoc) or call Member Services at the phone numbers below.



### Questions? Call Us.

In Arizona: **480-937-0409** | Toll-free: **1-800-446-8331, TTY: 711**

We're here to help you from 8 a.m. to 8 p.m., daily from October 1 to March 31, and Monday through Friday from April 1 to September 30.



# 2024 Summary of Benefits

Blue Best Life Classic (HMO) – Maricopa & Pinal Counties

Blue Best Life Plus (HMO) – Maricopa & Pinal Counties

Blue Best Life Classic (HMO) – Pima County



An Independent Licensee of the Blue Cross Blue Shield Association

# 2024 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a licensed Medicare consultant at **1-888-274-0367, TTY: 711**.

## Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **azblue.com/medicare** or call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711** to view a copy of the EOC.
- Review the provider directory (or ask your provider) to make sure the providers you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (providers who are not listed in the provider directory).

# Summary of Benefits

January 1, 2024 – December 31, 2024

This is a summary of health and drug services covered by Blue Cross® Blue Shield® of Arizona (AZ Blue).

AZ Blue is a HMO plan with a Medicare contract. Enrollment in AZ Blue depends on contract renewal.

The benefit information provided in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage," or you can see it on our website at [azblue.com/medicare](https://azblue.com/medicare).

## Things to know about AZ Blue

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### Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.



### AZ Blue Phone Numbers and Website

- If you are a member of this plan, call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**.
- If you are not a member of this plan, call toll-free at **1-888-274-0367, TTY: 711**.
- Our website: **[azblue.com/medicare](https://azblue.com/medicare)**



## Who can join?

To join AZ Blue, you must have both Medicare Part A and Medicare Part B and live in our service area.

- **Blue Best Life Classic (HMO) (H0302-006)** is available in Maricopa County and Pinal County
- **Blue Best Life Plus (HMO) (H0302-001)** is available in Maricopa County and Pinal County
- **Blue Best Life Classic (HMO) (H0302-008)** is available in Pima County

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## Which doctors, hospitals, and pharmacies can I use?



Your **Blue Medicare plan** is a Health Maintenance Organization (HMO) plan. Members enrolled in HMO plans must receive their healthcare from doctors, hospitals, and other providers within the AZ Blue network. If you use providers or facilities that are not in our network, the plan may not pay for these services.

AZ Blue also has an extensive network of pharmacies to fill your prescriptions for covered Part D drugs. You must generally use these network pharmacies.

- You can see our plan's Provider/Pharmacy Directory at our website: **[azblue.com/medicare](https://azblue.com/medicare)**.
- Or, call us and we will send you a copy of the Provider/Pharmacy Directory.





## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **Our plan members also *get more than what is covered* by Original Medicare. Some of the extra benefits are outlined in this booklet.**

We cover Part D drugs. In addition, we cover Part B drugs, such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website: **azblue.com/medicare**.
- Or, call us and we will send you a copy of the formulary.



## How will I determine my drug costs?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible (if applicable), Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You 2023* handbook. View it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Existing members with questions may call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**. Hours are 8 a.m. to 8 p.m.; Monday through Friday from April 1 to September 30, and seven days a week from October 1 to March 31.

## Summary of Benefits January 1, 2024 – December 31, 2024

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<b>Monthly plan premium</b> You must keep paying your Medicare Part B premium.	\$0 per month	\$45 per month
<b>Deductible (medical)</b>	\$0	\$0
<b>Maximum Out-of-Pocket Responsibility</b> For services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting Medicare Part A and Part B-covered hospital and medical services and we will pay the full cost for the rest of the year.  <b>Please note:</b> You must pay your monthly premiums and cost sharing for your Part D prescription drugs. Part D drugs are not counted toward the Maximum Out-of-Pocket amount.	\$2,900 annually	\$2,500 annually
<b>Inpatient Hospital Coverage</b> May require prior authorization. Limits may apply.	\$225 copay per day for days 1-6	\$225 copay per day for days 1-6
<b>Outpatient Hospital Coverage</b> Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) <b>May require prior authorization.</b>	\$250 copay per visit  \$250 copay per visit for outpatient observation services	\$200 copay per visit  \$225 copay per visit for outpatient observation services
<b>Ambulatory Surgery Center (ASC)</b> For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. <b>May require prior authorization.</b>	\$150 copay	\$150 copay
<b>Doctor Visits</b> <b>May require prior authorization.</b>	Primary Care Provider (PCP) visit: \$0 copay  Specialist visit: \$20 copay (no referral needed)	Primary Care Provider (PCP) visit: \$0 copay  Specialist visit: \$25 copay (no referral needed)

The plan does not require a referral from a PCP to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your doctor to see you.

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Preventive Care</b></p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Annual Wellness Visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p><b>You pay nothing</b></p>	<p><b>You pay nothing</b></p>
<p><b>Emergency Care</b> (Within the United States and its territories)</p> <p><b>Please note:</b> If you are admitted to the hospital within one (1) day with the same condition, you do not have to pay your share of the cost for emergency care.</p>	<p><b>\$125</b> copay</p>	<p><b>\$125</b> copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
<b>Emergency Care (Worldwide)</b>	Emergency Room: <b>\$120</b> copay Emergency Transportation: <b>\$120</b> copay <b>\$30,000</b> combined lifetime limit for worldwide emergency and urgent care Transportation is from incident to nearest medical center, travel from country back to US. is not covered.	Emergency Room: <b>\$100</b> copay Emergency Transportation: <b>\$100</b> copay <b>\$60,000</b> combined lifetime limit for worldwide emergency and urgent care
<b>Urgent Care</b> (Within the United States and its territories)  <b>Please note:</b> If you are outside the plan’s service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.	<b>\$25</b> copay	<b>\$25</b> copay
<b>Urgent Care (Worldwide)</b>	<b>\$120</b> copay ( <b>\$30,000</b> combined limit)	<b>\$100</b> copay ( <b>\$60,000</b> combined limit)
<b>Diagnostic Services, Labs, and Imaging</b> Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details. Costs may vary based on place of service.  <b>May require prior authorization.</b>	Diagnostic tests and procedures: <b>\$0</b> to <b>\$75</b> copay or <b>0% to 20%</b> coinsurance, depending on the service  Lab services: <b>\$0</b> copay, depending on the service  X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): <b>\$20</b> copay	Diagnostic tests and procedures: <b>\$0</b> to <b>\$75</b> copay or <b>0% to 20%</b> coinsurance, depending on the service  Lab services: <b>\$0</b> copay, depending on the service  X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): <b>\$10</b> copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
<b>Maricopa and Pinal County</b>		
<p><b>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</b> May require a referral from your PCP. <b>May require prior authorization.</b></p>	<p>Pain Management Assessment (evaluation and management only): <b>\$20</b> copay</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): <b>\$75</b> copay per treatment</p> <p>Radiation Therapy: <b>20%</b> coinsurance</p> <p>Electrocardiogram (EKG): <b>0%</b> coinsurance</p>	<p>Pain Management Assessment (evaluation and management only): <b>\$25</b> copay</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): <b>\$75</b> copay per treatment</p> <p>Radiation Therapy: <b>20%</b> coinsurance</p> <p>Electrocardiogram (EKG): <b>0%</b> coinsurance</p>
<p><b>Hearing Services</b> (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues. <b>May require prior authorization.</b></p>	<p><b>\$25</b> copay</p>	<p><b>\$25</b> copay</p>
<p><b>Hearing Services</b> (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. Limited to TruHearing’s Advanced (<b>\$699</b>) and Premium (<b>\$999</b>) hearing aids.</p>	<p>Hearing exam: <b>\$0</b> copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>	<p>Hearing exam: <b>\$0</b> copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>

<b>Premiums and Benefits</b>	<b>Blue Best Life Classic (HMO)</b> H0302-006	<b>Blue Best Life Plus (HMO)</b> H0302-001
	<b>Maricopa and Pinal County</b>	
<p><b>Dental Services</b> (Medicare Covered)</p> <p>Dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury) or for extractions done in preparation for radiation treatment for neoplastic disease involving the jaw.</p> <p>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement under certain circumstances.</p>	<b>20%</b> coinsurance	<b>20%</b> coinsurance

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
<b>Maricopa and Pinal County</b>		
<b>Dental Services</b> (Non-Medicare Covered)	<p><b>\$10</b> office visit copay</p> <p><b>\$2,000</b> benefit maximum per calendar year for all services.</p> <p>Preventive: <b>\$0</b> copay</p> <ul style="list-style-type: none"> <li>• two oral exams per year</li> <li>• two cleanings per year</li> <li>• two bitewing X-rays per year</li> </ul> <p>Basic: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• fillings</li> <li>• emergency treatment of dental pain</li> <li>• simple extractions</li> </ul> <p>Major: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• Bridges, dentures</li> <li>• Crowns, inlays/onlays</li> <li>• 7-year replacement limit</li> </ul>	<p><b>\$10</b> office visit copay</p> <p><b>\$3,000</b> benefit maximum per calendar year for all services.</p> <p>Preventive: <b>\$0</b> copay</p> <ul style="list-style-type: none"> <li>• two oral exams per year</li> <li>• two cleanings per year</li> <li>• two bitewing X-rays per year</li> </ul> <p>Basic: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• fillings</li> <li>• emergency treatment of dental pain</li> <li>• simple extractions</li> </ul> <p>Major: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• Bridges, dentures</li> <li>• Crowns, inlays/onlays</li> <li>• Implants</li> <li>• 7-year replacement limit</li> </ul>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Vision Care</b> (Medicare Covered)</p>	<p>Exam to diagnose and treat diseases and conditions of the eye: <b>\$20</b> copay</p> <p>Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay</p> <p>Eyeglasses or contact lenses after each cataract surgery (not to be combined.) <b>20%</b> coinsurance</p>	<p>Exam to diagnose and treat diseases and conditions of the eye: <b>\$25</b> copay</p> <p>Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay</p> <p>Eyeglasses or contact lenses after each cataract surgery (not to be combined.) <b>20%</b> coinsurance</p>
<p><b>Vision Care</b> (Non-Medicare Covered)</p> <p>Routine vision services including non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision and/or updating eyeglasses or contact lens prescriptions.</p>	<p><b>\$0</b> copay</p> <p>Eyewear coverage: <b>\$200</b> single-purchase annual allowance through Davis Vision providers</p>	<p><b>\$0</b> copay</p> <p>Eyewear coverage: <b>\$200</b> single-purchase annual allowance through Davis Vision providers</p>
<p><b>Mental Health Services</b></p>	<p>Inpatient psychiatric hospital visit: <b>\$225</b> copay per day for days 1-6</p> <p>Outpatient individual or group therapy visit: <b>\$20/\$20</b> copay</p>	<p>Inpatient psychiatric hospital visit: <b>\$225</b> copay per day for days 1-6</p> <p>Outpatient individual or group therapy visit: <b>\$25/\$25</b> copay</p>
<p><b>Skilled Nursing Facility (SNF)</b></p> <p>Plan covers up to 100 days per benefit period in an SNF.</p> <p><b>May require prior authorization.</b></p>	<p><b>\$0</b> copay per day for days 1-20 <b>\$203</b> copay per day for days 21-40 <b>\$0</b> copay per day for days 41-100</p>	<p><b>\$0</b> copay per day for days 1-20 <b>\$203</b> copay per day for days 21-40 <b>\$0</b> copay per day for days 41-100</p>



Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Physical Therapy</b> Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy. <b>May require a referral from your PCP.</b></p>	\$20 copay	\$10 copay
<p><b>Ambulance</b> <b>Prior authorization is required for non-emergency transportation by ambulance.</b></p>	<p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>	<p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>
<b>Transportation</b>	Not Covered	Not Covered

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Medicare Part B Drugs</b> A separate office copay may apply if other services are rendered at the time of the visit.</p> <p>In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.</p> <p>This requirement is called “step therapy.”</p> <p><b>Certain drugs require prior authorization.</b></p>	<p><b>20%</b> coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage).</p> <p>However, effective <b>April 1, 2023</b>, you may pay less than <b>20%</b> coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web.</p> <p>The list of drugs and the coinsurance you must pay may change from one quarter to the next.</p> <p>Effective <b>July 1, 2023</b>, the amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>	<p><b>20%</b> coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage).</p> <p>However, effective <b>April 1, 2023</b>, you may pay less than <b>20%</b> coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web.</p> <p>The list of drugs and the coinsurance you must pay may change from one quarter to the next.</p> <p>Effective <b>July 1, 2023</b>, the amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>
<p><b>Acupuncture Services</b> (Medicare Covered) Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers.</p> <p><b>May require prior authorization.</b></p>	<p><b>\$30</b> copay</p>	<p><b>\$30</b> copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Acupuncture Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	<p><b>\$15</b> copay for 30 combined visits</p>	<p><b>\$15</b> copay for 30 combined visits</p>
<p><b>Annual Physical Examination</b></p> <p>One exam per year. Typically includes tests such as a check of vital signs; measurement of height, weight, and blood pressure; and an inspection of the body.</p>	<p><b>\$0 copay</b></p>	<p><b>\$0 copay</b></p>
<p><b>Chiropractic Services</b> (Medicare Covered)</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position).</p> <p><b>May require prior authorization.</b></p>	<p><b>\$20</b> copay</p>	<p><b>\$20</b> copay</p>
<p><b>Chiropractic Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	<p><b>\$15</b> copay for 30 combined visits</p>	<p><b>\$15</b> copay for 30 combined visits</p>
<p><b>Foot Care (Podiatry services)</b> (Medicare-covered)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p><b>Routine foot care (non-Medicare covered) is not covered.</b></p>	<p><b>\$20</b> copay</p>	<p><b>\$25</b> copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
<p><b>Meals</b></p> <p>Plan may provide fourteen (14) meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility when arranged by Plan staff.</p> <p>Meal types include general wellness, lower sodium, heart friendly, diabetic friendly, renal friendly, gluten-free, vegetarian, cancer support, pureed, Halal and Kosher.</p>	<p>Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.</p>	<p>Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.</p>
<p><b>Medical Equipment / Supplies</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment <ul style="list-style-type: none"> <li>- wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, walker, therapeutic shoes or inserts</li> </ul> </li> <li>• Prosthetic devices <ul style="list-style-type: none"> <li>- braces, artificial limbs</li> </ul> </li> <li>• Diabetes supplies</li> </ul> <p>Separate office visit copay may apply if other services are rendered at the time of the visit.</p> <p><b>May require prior authorization.</b></p>	<p>Medically necessary durable medical equipment covered by Original Medicare: <b>20%</b> coinsurance</p> <p>Prosthetic devices <b>20%</b> coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (<b>Lifescan and Roche</b>): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: <b>20%</b> coinsurance</p> <p>All other Medicare-covered diabetes supplies: <b>20%</b> coinsurance</p>	<p>Medically necessary durable medical equipment covered by Original Medicare: <b>20%</b> coinsurance</p> <p>Prosthetic devices <b>20%</b> coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (<b>Lifescan and Roche</b>): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: <b>20%</b> coinsurance</p> <p>All other Medicare-covered diabetes supplies: <b>20%</b> coinsurance</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Over-the-Counter (OTC) Products</b>            Quarterly flexible benefits allowance on a prepaid card to help you cover out of pocket expenses on health-related products. Quarterly balances do not roll over.</p> <p>Benefit dollars can be spent at participating retail locations. Visit <a href="http://azblue.com/medicare">azblue.com/medicare</a> or call Member Outreach at <b>602-313-7135, TTY: 711</b>, Monday - Friday, 8 am - 4:30 pm for locations and additional information.</p>	<p><b>\$75</b> quarterly allowance</p>	<p><b>\$50</b> quarterly allowance</p>
<p><b>Rehabilitation Services</b>            Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings.</p> <p>Cardiac rehabilitation includes exercise, education, and counseling for members who meet certain conditions with a doctor's order. The plan also covers intensive cardiac and pulmonary rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p> <p><b>No referral needed.</b>  <b>May require prior authorization.</b></p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: <b>\$40</b> copay</p> <p>Pulmonary rehabilitation: <b>\$20</b> copay</p> <p>Intensive Cardiac: <b>\$40</b> copay</p> <p>Occupational Therapy: <b>\$20</b> copay</p> <p>Speech Language Therapy: <b>\$20</b> copay</p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: <b>\$20</b> copay</p> <p>Pulmonary rehabilitation: <b>\$20</b> copay</p> <p>Intensive Cardiac: <b>\$20</b> copay</p> <p>Occupational Therapy: <b>\$10</b> copay</p> <p>Speech Language Therapy: <b>\$10</b> copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
<b>Maricopa and Pinal County</b>		
<p><b>Fitness Programs</b></p> <p>SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community, at no additional cost with many Medicare plans. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move:</p> <p><b>In participating fitness locations</b></p> <ul style="list-style-type: none"> <li>• Thousands of participating locations<sup>1</sup> with various amenities</li> <li>• Ability to enroll at multiple locations at any time</li> <li>• SilverSneakers classes<sup>2</sup> designed for all levels and taught by instructors trained in senior fitness</li> </ul> <p><b>In your community</b></p> <ul style="list-style-type: none"> <li>• Group activities and classes<sup>2</sup> offered outside the gym</li> <li>• SilverSneakers Community Fitness classes, walking groups and workshop at parks, community centers and more</li> <li>• Events including shared meals, holiday celebrations and class socials</li> </ul> <p><b>At home or on the go</b></p> <ul style="list-style-type: none"> <li>• SilverSneakers LIVE virtual classes and workshops throughout the week</li> <li>• SilverSneakers On-Demand fitness classes available 24/7</li> <li>• SilverSneakers GO mobile app with adjustable workout plans and more</li> </ul> <p><b>Get started in 3 easy steps</b></p> <ol style="list-style-type: none"> <li>1. Go to <b>SilverSneakers.com/StartHere</b> to create an online account.</li> <li>2. Log in to view your member ID number and take that to a participating location.</li> </ol>	<b>You pay nothing*</b>	<b>You pay nothing*</b>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
<p><b>Fitness Programs continued</b></p> <p>3. Start a healthy routine with the support you need! You can also enjoy virtual workouts online through your new account.</p> <p>Questions? Visit <a href="https://www.silversneakers.com">SilverSneakers.com</a> or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p><sup>1</sup> Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.</p> <p><sup>2</sup> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.</p> <p><i>SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.</i></p>	You pay nothing*	You pay nothing*

## Summary of Benefits January 1, 2024 – December 31, 2024

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
<b>Monthly plan premium</b> You must keep paying your Medicare Part B premium.	<b>\$0</b> per month
<b>Deductible (medical)</b>	<b>\$0</b>
<b>Maximum Out-of-Pocket Responsibility</b> For services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. <b>Please note:</b> You must pay your monthly premiums and cost sharing for your Part D prescription drugs. Part D drugs are not counted toward the Maximum Out-of-Pocket amount.	<b>\$2,900</b> annually
<b>Inpatient Hospital Coverage</b> <b>May require prior authorization.</b>	<b>\$250</b> copay per day for days 1-6
<b>Outpatient Hospital Coverage</b> Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) <b>May require prior authorization.</b>	<b>\$250</b> copay per visit <b>\$250</b> copay per visit for outpatient observation services
<b>Ambulatory Surgery Center (ASC)</b> ASC visit or other procedures such as endoscopy, cardiac catheterization, etc.	<b>\$150</b> copay
<b>Doctor Visits</b> <b>May require prior authorization.</b>	Primary Care Provider (PCP) visit: <b>\$0</b> copay Specialist visit: <b>\$25</b> copay (no referral needed)

The plan does not require a referral from a PCP to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your doctor to see you.



## Premiums and Benefits

Blue Best Life Classic (HMO)  
H0302-008

### Pima County

#### Preventive Care

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines
- "Welcome to Medicare" preventive visit (one-time)
- Annual Wellness Visit

Any additional preventive services approved by Medicare during the contract year will be covered.

**You pay nothing**

#### Emergency Care

(Within the United States and its territories)

**Please note:** If you are admitted to the hospital within one (1) day with the same condition, you do not have to pay your share of the cost for emergency care.

**\$125** copay

#### Urgent Care

(Within the United States and its territories)

**Please note:** If you are outside the plan's service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.

**\$35** copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
<p><b>Diagnostic Services, Labs, and Imaging</b></p> <p>Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details.</p> <p>Costs may vary based on place of service.</p> <p><b>May require prior authorization.</b></p>	<p>Diagnostic tests and procedures: <b>\$0</b> to <b>\$75</b> copay or <b>0% to 20%</b> coinsurance, depending on the service</p> <p>Lab services: <b>\$0</b> copay, depending on the service</p> <p>X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): <b>\$20</b> copay</p>
<p><b>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</b></p> <p>Costs may vary based on place of service.</p> <p>May require a referral from your PCP.</p> <p><b>May require prior authorization.</b></p>	<p>Pain Management Assessment (evaluation and management only): <b>\$25</b> copay per visit</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): <b>\$75</b> copay per treatment</p> <p>Radiation Therapy: <b>20%</b> coinsurance</p> <p>Electrocardiogram (EKG): <b>0%</b> coinsurance</p>
<p><b>Hearing Services</b> (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues.</p>	<p><b>\$25</b> copay</p>
<p><b>Hearing Services</b> (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation.</p>	<p>Hearing exam: <b>\$0</b> copay</p> <p>Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
<p><b>Dental Services</b> (Medicare Covered)</p> <p>Dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury) or for extractions done in preparation for radiation treatment for neoplastic disease involving the jaw.</p> <p>Oral examinations but not treatment preceding kidney transplantation or heart valve replacement under certain circumstances.</p>	<p><b>20%</b> coinsurance</p>
<p><b>Dental Services</b> (Non-Medicare Covered)</p>	<p>Not covered</p>
<p><b>Vision Care</b> (Medicare Covered)</p>	<p>Exam to diagnose and treat diseases and conditions of the eye: <b>\$25</b> copay</p> <p>Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay</p> <p>Eyeglasses or contact lenses after each cataract surgery (not to be combined.)</p>
<p><b>Vision Care</b> (Non-Medicare Covered)</p> <p>*Routine vision services including non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision, and/or updating eyeglasses or contact lens prescriptions.</p>	<p><b>\$0</b> copay for routine vision services*</p> <p>Eyewear coverage: <b>\$200 single-purchase</b> annual allowance through Davis Vision providers</p>
<p><b>Mental Health Services</b></p>	<p>Inpatient psychiatric hospital visit: <b>\$250</b> copay per day for days 1-6</p> <p>Outpatient individual or group therapy visit: <b>\$25/\$25</b> copay</p>
<p><b>Skilled Nursing Facility (SNF)</b></p> <p>Plan covers up to 100 days per benefit period in an SNF.</p> <p><b>May require prior authorization.</b></p>	<p><b>\$0</b> copay per day for days 1-20</p> <p><b>\$203</b> copay per day for days 21-40</p> <p><b>\$0</b> copay per day for days 41-100</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
<p><b>Physical Therapy</b></p> <p>Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy.</p> <p><b>No referral needed.</b></p> <p><b>May require prior authorization.</b></p>	<p><b>\$20</b> copay</p>
<p><b>Ambulance</b></p> <p><b>Prior authorization is required for non-emergency transportation by ambulance.</b></p>	<p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>
<p><b>Transportation</b></p>	<p>Not Covered</p>
<p><b>Medicare Part B Drugs</b></p> <p>A separate office copay may apply if other services are rendered at the time of the visit.</p> <p>In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement is called “step therapy.”</p> <p><b>Certain drugs require prior authorization.</b></p>	<p><b>20%</b> coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage).</p> <p>However, effective <b>April 1, 2023</b>, you may pay less than <b>20%</b> coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web.</p> <p>The list of drugs and the coinsurance you must pay may change from one quarter to the next.</p> <p>Effective <b>July 1, 2023</b>, the amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>
<p><b>Acupuncture Services</b> (Medicare Covered)</p> <p>Treatment for chronic low back pain. Must use an American Specialty Health® (ASH) participating provider.</p> <p><b>May require prior authorization.</b></p>	<p><b>\$30</b> copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
<p><b>Acupuncture Services</b> (Non-Medicare Covered)</p>	Not covered
<p><b>Annual Physical Examination</b> One exam per year. Typically includes tests such as a check of vital signs; measurement of height, weight, and blood pressure; and an inspection of the body.</p>	\$0 copay
<p><b>Chiropractic Services</b> (Medicare Covered)</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position).</p> <p><b>May require prior authorization.</b></p>	\$20 copay
<p><b>Chiropractic Services</b> (Non-Medicare Covered)</p>	Not covered
<p><b>Foot Care (Podiatry Services)</b> (Medicare Covered)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p><b>Routine foot care (non-Medicare covered) is not covered.</b></p>	\$25 copay
<p><b>Meals</b> Plan may provide fourteen (14) meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility, when arranged by Plan staff.</p> <p>Meal types include general wellness, lower sodium, heart friendly, diabetic friendly, renal friendly, gluten-free, vegetarian, cancer support, pureed, Halal and Kosher.</p>	Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.

## Premiums and Benefits

Blue Best Life Classic (HMO)  
H0302-008

### Pima County

#### Medical Equipment / Supplies

- Durable Medical Equipment wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer and walker, therapeutic shoes or inserts
- Prosthetic devices
- Braces, artificial limbs
- Diabetes supplies

Separate office visit copay may apply if other services are rendered at the time of the visit.

**May require prior authorization.**

Medically necessary durable medical equipment covered by Original Medicare: **20%** coinsurance

Prosthetic devices: **20%** coinsurance

Medicare-covered diabetes monitoring supplies from preferred manufacturer (**Lifescan and Roche**): **\$0** copay for supplies and **20%** coinsurance for continuous blood glucose monitoring devices

Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: **20%** coinsurance

All other Medicare-covered diabetes supplies: **20%** coinsurance

#### Over-the-Counter (OTC) Products

Quarterly flexible benefits allowance on a prepaid card to help you cover out of pocket expenses on health-related products. Quarterly balances do not roll over.

Benefit dollars can be spent at participating retail locations. Visit [azblue.com/medicare](http://azblue.com/medicare) or call Member Outreach at **602-313-7135, TTY:711**, Monday - Friday, 8 am - 4:30 pm for locations and additional information.

**\$50** quarterly allowance

#### Rehabilitation Services

Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings.

Cardiac rehabilitation services include exercise, education, and counseling for members who meet certain conditions with a doctor's order. The plan also covers intensive cardiac and pulmonary rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.

**No referral needed.**

**May require prior authorization.**

Copay per service type:

Cardiac rehabilitation: **\$40** copay

Pulmonary rehabilitation: **\$20** copay

Intensive Cardiac: **\$40** copay

Occupational Therapy: **\$20** copay

Speech Language Therapy: **\$20** copay

## Premiums and Benefits

Blue Best Life Classic (HMO)  
H0302-008

Pima County

### Fitness Programs

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community, at no additional cost with many Medicare plans. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move:

#### In participating fitness locations

- Thousands of participating locations<sup>1</sup> with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes<sup>2</sup> designed for all levels and taught by instructors trained in senior fitness

#### In your community

- Group activities and classes<sup>2</sup> offered outside the gym
- SilverSneakers Community Fitness classes, walking groups and workshop at parks, community centers and more
- Events including shared meals, holiday celebrations and class socials

#### At home or on the go

- SilverSneakers LIVE virtual classes and workshops throughout the week
- SilverSneakers On-Demand fitness classes available 24/7
- SilverSneakers GO mobile app with adjustable workout plans and more

#### Get started in 3 easy steps

1. Go to **SilverSneakers.com/StartHere** to create an online account.
2. Log in to view your member ID number and take that to a participating location.
3. Start a healthy routine with the support you need! You can also enjoy virtual workouts online through your new account.

You pay nothing\*

**Premiums and Benefits**

**Blue Best Life Classic (HMO)**  
H0302-008

**Pima County**

**Fitness Programs continued**

Questions? Visit SilverSneakers.com or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.

<sup>1</sup> Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

<sup>2</sup> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

*SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.*

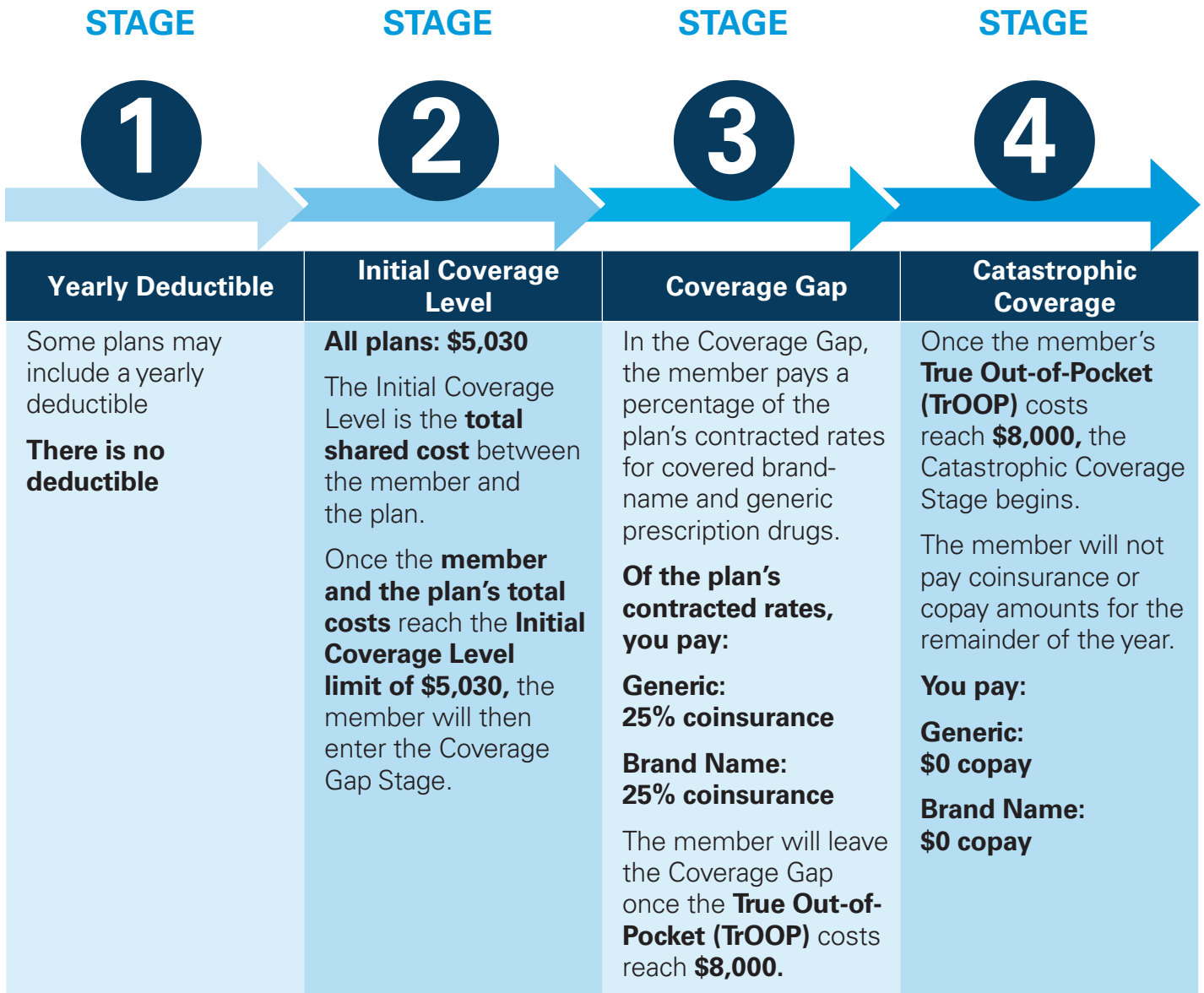
**You pay nothing\***



# Prescription Drug Benefits

The Part D prescription drug benefit has **four stages of coverage** as shown below. In each stage, you and the plan pay a different share of your prescription drug costs.

The cost sharing may change when entering another stage of the Part D prescription drug coverage benefit. For more information, you may contact AZ Blue at **1-888-274-0367**, **TTY: 711**, from 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31.



**TrOOP costs are the out-of-pocket costs (copay, coinsurance, and deductibles) paid by the member or certain others on the member's behalf during Stages 1, 2, and 3. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$8,000. The TrOOP does not include premiums paid by member or the plan.**

**If a prescribed drug is not included on the current list of Covered Drugs (Formulary) or “Drug List,” the process for requesting a drug exception is discussed in Chapter 9, Section 6.2 of the Evidence of Coverage (EOC):**

“If a drug is not covered in the way you would like it to be covered, you can ask us to make an ‘exception.’ An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. We will then consider your request.

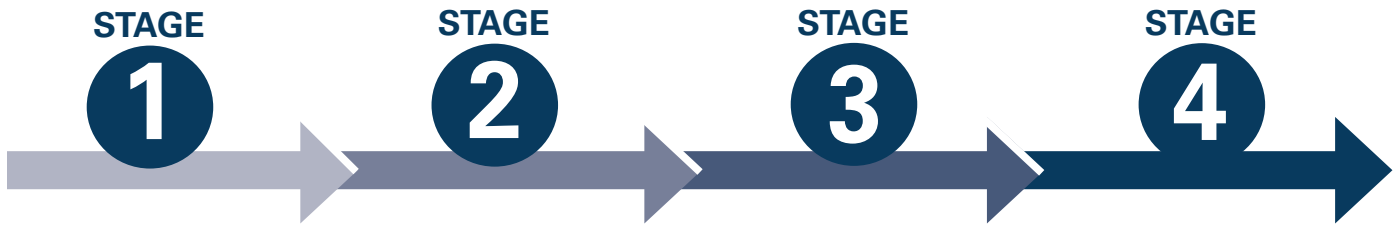
If we agree to make an exception and cover a drug that is not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4. You cannot ask for an exception to the copayment or coinsurance amount we require you to pay for the drug.”

# What You Pay as a Member of This Plan

**Maricopa County  
and Pinal County**

Blue Best Life Classic (HMO) (H0302-006)

\$0 Monthly Premium



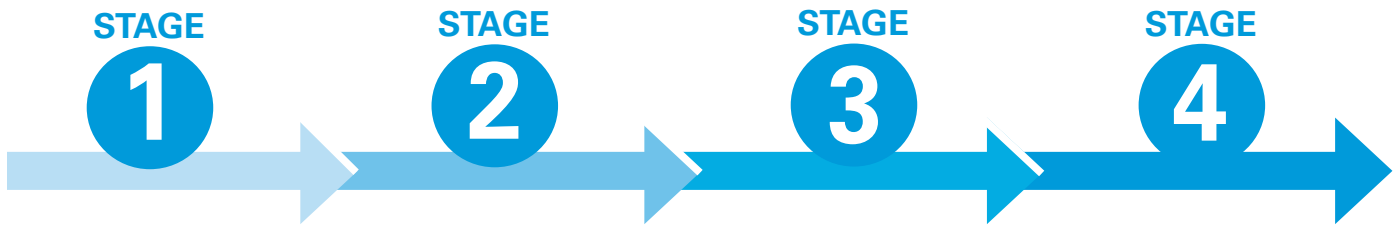
Yearly Deductible Stage	Initial Coverage Stage Up to \$5,030 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan		Coverage Gap Stage This stage begins when the <b>total shared</b> drug costs reach \$5,030	Catastrophic Coverage Stage This stage begins when <b>your total out-of-pocket</b> drug costs reach \$ 8,000
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Because we have no deductible, this payment stage does not apply to you.				
<b>Tier 1:</b> Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Generic \$0
<b>Tier 2:</b> Generic	\$9	\$9 (100-day supply)		Brand Name \$0
<b>Tier 3:</b> Preferred Brand	\$47	\$141	Brands 25%	
<b>Tier 4:</b> Non-Preferred Drug	\$100	\$300		
<b>Tier 5:</b> Specialty	33%	Not Offered		
<b>Tier 6:</b> Select Care Drugs	\$0	\$0		

# What You Pay as a Member of This Plan

**Maricopa County  
and Pinal County**

\$45 Monthly Premium

Blue Best Life Plus (HMO) (H0302-001)



Yearly Deductible Stage	Initial Coverage Stage		Coverage Gap Stage	Catastrophic Coverage Stage
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Up to \$5,030 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan			Up to \$5,030 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan	
Because we have no deductible, this payment stage does not apply to you.			This stage begins when the <b>total shared</b> drug costs reach \$5,030	This stage begins when <b>your total out-of-pocket</b> drug costs reach \$8,000
<b>Tier 1:</b> Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Generic \$0
<b>Tier 2:</b> Generic	\$9	\$9 (100-day supply)		Brand Name \$0
<b>Tier 3:</b> Preferred Brand	\$47	\$141	Brands 25%	
<b>Tier 4:</b> Non-Preferred Drug	\$100	\$300		
<b>Tier 5:</b> Specialty	33%	Not Offered		
<b>Tier 6:</b> Select Care Drugs	\$0	\$0		

# What You Pay as a Member of This Plan

**Pima County**

\$0 Monthly Premium

## Blue Best Life Classic (HMO) (H0302-008)



Yearly Deductible Stage	Initial Coverage Stage Up to \$5,030 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan		Coverage Gap Stage This stage begins when the <b>total shared</b> drug costs reach \$5,030	Catastrophic Coverage Stage This stage begins when <b>your total out-of-pocket</b> drug costs reach \$8,000
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Because we have no deductible, this payment stage does not apply to you.				
<b>Tier 1:</b> Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Generic \$0
<b>Tier 2:</b> Generic	\$9	\$9 (100-day supply)		
<b>Tier 3:</b> Preferred Brand	\$47	\$141	Brands 25%	Brand Name \$0
<b>Tier 4:</b> Non-Preferred Drug	\$100	\$300		
<b>Tier 5:</b> Specialty	33%	Not Offered		
<b>Tier 6:</b> Select Care Drugs	\$0	\$0		

**If a prescribed drug is not included on the current list of Covered Drugs (Formulary) or “Drug List,” the process for requesting a drug exception is discussed in Chapter 9, Section 6.2 of the Evidence of Coverage (EOC):**

“If a drug is not covered in the way you would like it to be covered, you can ask us to make an ‘exception.’ An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. We will then consider your request.

If we agree to make an exception and cover a drug that is not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4. You cannot ask for an exception to the copayment or coinsurance amount we require you to pay for the drug.”

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Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call **1-800-446-8331, TTY: 711.**

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-446-8331, TTY: 711.**

**Navajo:** Díí baa akó nínízin: Díí saad bee yáńílti’ go Diné Bizaad, saad bee áká’ áńída’ áwo’ dęę, t’áá jik’eh, éí ná hóló, kojí hódíílnih **1-800-446-8331, TTY: 711.**

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OptumRx is an independent company providing pharmacy mail order services.

BCBSAZ is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Enrollment in AZ Blue plans depends on contract renewal.

BCBSAZ offers BlueJourney PPO Medicare Advantage plans. BCBSAZ Advantage, a separate but wholly owned subsidiary of BCBSAZ, offers Blue Best Life Classic and Plus HMO plans.

Blue Cross®, Blue Shield®, and the Cross and Shield Symbols are registered service marks, and BlueDental is a service mark, of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-446-8331. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-446-8331. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-446-8331。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-446-8331。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-446-8331. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-446-8331. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-446-8331 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-446-8331. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-446-8331 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-446-8331. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-446-8331. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-446-8331 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-446-8331. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-446-8331. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-446-8331. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-446-8331. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-800-446-8331 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Navajo:** T'áá hait'éeego da ats'íís baa'áhayá doodago azee' aanídaa'niíí nihinaaltsoos bee hadadít'éhígíí bąqah na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áá jíik'eh nihee hóló. Ata' halne'í ta' yínikeedg kohjíí 1-800-446-8331 nihich'í' hodílnih. T'áá háida Bilagáana Bizaad yee yátti'ígíí ta' níká'iilyeed dooleet. Díí t'áá jíik'eh bee níká'iilyeed dooleet.









## **Not a member yet?**

Contact our Licensed Medicare Consultants:

**1-888-274-0367, TTY: 711**

Or contact your broker

Existing Members call:

**480-937-0409 (in Arizona)**

or toll-free at **1-800-446-8331, TTY: 711**

October 1 to March 31:  
Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30:  
Monday through Friday, 8 a.m. to 8 p.m.

[azblue.com/medicare](https://azblue.com/medicare)



An Independent Licensee of the Blue Cross Blue Shield Association