



MEMBER GUIDE

Four steps to using your health plan



An Independent Licensee of the Blue Cross Blue Shield Association

QUICK CONTACT GUIDE

CUSTOMER SERVICE (claims and prescription benefits):

Call the number on the back of your Blue Cross® Blue Shield® of Arizona (AZ Blue) member ID card. You'll receive this card in the mail or view a digital copy through the MyBlueSM web portal once you register at [azblue.com/MyBlue](https://www.azblue.com/MyBlue). See page 5 for details.

Call Monday through Friday between 8 a.m. and 4:30 p.m., MST/Arizona time.

SPECIAL SERVICES:

Para servicio en español. 602-864-4884 o llame a nuestro 1-800-232-2345, ext. 4884

24-Hour Nurse On Call. 1-866-422-2729

Online Account Technical Support . . . 602-864-4844 or 1-800-650-5656

TTY/TDD Line. 602-864-4823





Fraud & Abuse Hotline. 602-864-4875 or 1-800-232-2345, ext. 4875

CLAIMS ADDRESS:

Blue Cross Blue Shield of Arizona
P.O. Box 2924
Phoenix, AZ 85062-2924

LET'S CONNECT

Follow us for health tips and updates on AZ Blue news.

-  Facebook.com/BCBSAZ
-  Twitter.com/BCBSAZ
-  YouTube.com/BCBSArizona
-  Instagram.com/BCBSAZ

FOR A FULL LIST OF CONTACT INFORMATION, VISIT [azblue.com/contact](https://www.azblue.com/contact).



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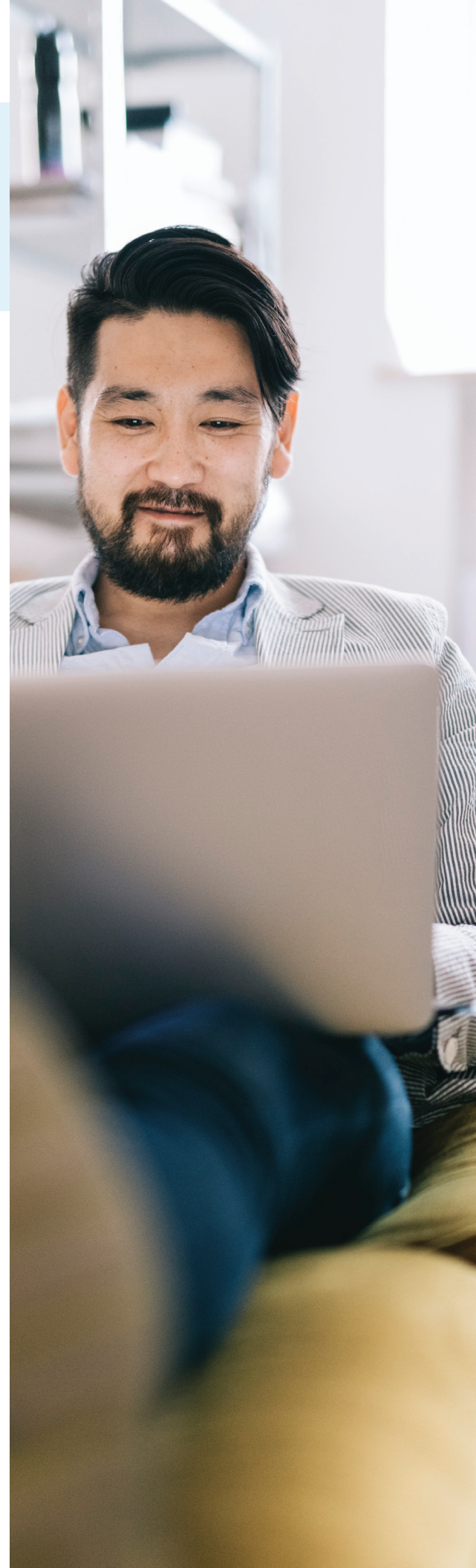
STEP 1 Review your member ID card

You will receive your member ID card in the mail. Your card shows details about your health plan and who to call if you need help. You'll need it to receive healthcare services, so it's important to keep your card with you at all times. Keep your member ID card in your wallet or other safe place and do not let others use it.

If you lose your card, don't worry, you're still covered. You can view an electronic version of your member ID card online through your MyBlue member account. You can also order a new card online through your MyBlue member account, or by calling Customer Service.

YOU WILL NEED YOUR AZ BLUE ID CARD WHEN YOU:

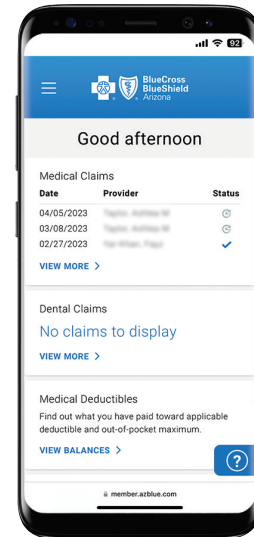
- Visit a doctor or other healthcare professional
- Pick up a medication that your doctor has ordered for you
- Visit an urgent-care center, hospital, or emergency room
- Call Customer Service
- Sign up for your personalized **MyBlue** member account at azblue.com/MyBlue



STEP 2 Sign up for your MyBlue account

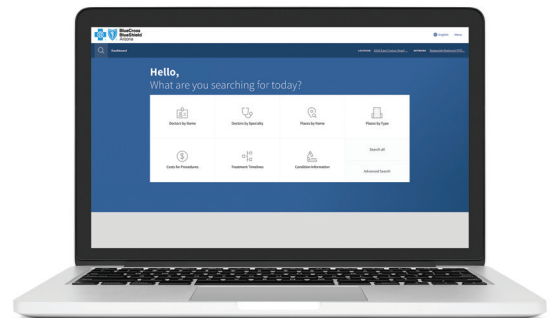
Once you have your member ID number, you can register at azblue.com/MyBlue and get 24/7 access to easily manage your plan. You will be able to:

- Print a temporary ID card from your computer or view a digital copy on your mobile device
- Check claim status
- Check the status of your deductible and out-of-pocket maximum
- Find doctors, hospitals, or other healthcare providers in your plan's network
- Use health and wellness tools and resources
- Estimate costs for common conditions and procedures
- Search drug information and coverage, price medications, and place medication home delivery requests



Signing up for your MyBlue account is quick and easy:

1. Visit azblue.com/MyBlue
2. Enter your name, member ID, date of birth, and email address
3. Create a user name and password
4. Accept terms and submit



If you have any questions, call us at the number on the back of your member ID card.

Register today.

azblue.com/MyBlue

Member accounts are 100% mobile-friendly

STEP 3 Get to know your plan

PPO and EPO Plans

PPO Plans

With your preferred provider organization (PPO) plan, you can go to any doctor or specialist without a referral—whether they are in your plan’s network or out-of-network.

Keep in mind you will maximize benefits and lower costs by staying within your network. If you choose to get care out-of-network you may end up paying a higher cost. In some instances, out-of-network providers may ask you to assign benefits to the provider, which would allow AZ Blue to send the payment to them directly.

EPO Plans

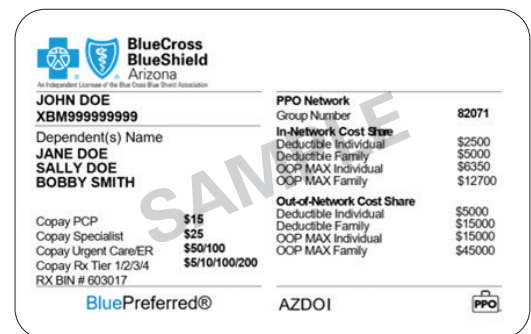
With your exclusive provider organization (EPO) plan, you will enjoy the same broad network of participating providers as our PPO plans. However, with an EPO plan you will generally not be covered if you receive care from providers outside of the EPO network.* If you choose to use a provider who is not in your EPO network, you will be responsible for the entire cost of the service.

How to get care

While you don’t need to select a primary care provider (PCP), we do recommend that you establish a relationship with a primary doctor. With PPO and EPO plans, you can usually get access to care both in Arizona and out of area (including national and international coverage) through the BlueCard® program. For care outside of Arizona with a participating provider, present your AZ Blue member ID card when you arrive and your provider’s claim will be sent to AZ Blue.

*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.

Sample PPO ID card



Member ID – *This is your account number.*

Mention this number when calling customer service.

Deductible – The cost you pay before coinsurance starts. Some costs you pay do not count toward your deductible.

In-Network Cost Shares – Your cost when accessing facilities and providers in your plan’s network.

Out-of-Network Cost Shares – Your cost when accessing facilities and providers outside of your plan’s network.

Out-of-Pocket Maximum (OOP MAX) – The most you have to pay for covered services in a contracted plan year.

NOTE: Register for our member portal, MyBlue, at azblue.com/MyBlue to read your Summary of Benefits and Coverage (SBC), which details coverage specific to your health plan and network.



For Members of Blue Cross Blue Shield of Arizona



BlueSignature Prosano Plan

If you have a BlueSignature Prosano plan, you will have exclusive access to a comprehensive advanced primary care experience. At our Prosano Health Care Centers, you can receive primary care, chronic condition management and sick care¹, behavioral health, lab services², same- or next-day appointments, and more – all at one location. And services provided by the Prosano Care Team are \$0, so you have no out-of-pocket costs.

You'll also have access to dedicated clinical care guides who can coordinate and schedule specialty and diagnostic services, and benefit liaisons who can help you understand and optimize your plan. You can even access after-hours care with a provider on call.

How to get care

If you haven't already, create your online patient account at prosanohealth.com. Once you do, you can easily schedule a same- or next-day appointment online. You can also call **1-855-PROSANO (776-7266)**. Prosano Health Care Centers are open Monday through Friday, 8 a.m. – 5 p.m.

You'll receive more detailed information about how to make the most of your BlueSignature Prosano plan soon, or you can visit prosanohealth.com for more information.

Sample BlueSignature Prosano ID Card

BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>		BlueSignature PROSANO	
JOHN SMITH EBB123456789		Statewide PPO + Prosano Group Number 000001 In-Network Cost Share Deductible Individual \$1000 Deductible Family \$2000 OOP Max Individual \$5000 OOP Max Family \$10000 Out-of-Network Cost Share Deductible Individual \$2000 Deductible Family \$4000 OOP Max Individual \$10000 OOP Max Family \$20000	
Care at PROSANO Health \$0 Coinsurance 20% Copay Rx Tier 1/2/3/4 \$15/55/85/150 Rx BIN# 603017		PPO AZDOI	

Member ID – *This is your account number located under the member name.* Mention this number when calling Customer Service.

Network – If you are part of a specific network, the name of the network will be listed here above "Group Number", in the top right column.

Deductible – The cost you pay before coinsurance starts. Some costs you pay do not count toward your deductible.

In-Network Cost Share – Your cost when accessing facilities and providers in your plan's network.

Out-of-Network Cost Share – Your cost when accessing facilities and providers outside of your plan's network.

Out-of-Pocket Maximum (OOP MAX) – The most you have to pay for covered services in a contracted plan year.

¹Sick care provided for all ages. All other care services are for ages 5 and older.

²The Prosano Health team will be able to draw and process all basic primary care laboratory testing panels.



HMO Plan

With your health maintenance organization (HMO) plan, you can go to any doctor or specialist in your plan's network without a referral. If you see a doctor or go to a clinic or hospital that is not in your plan's network, you will be responsible for paying the full amount of your bill. You don't need to select a primary care provider (PCP), but we recommend that you establish a relationship with one.

How to get care

Before you get care, check that the provider or facility is in your plan's network. Out-of-network services are generally not covered. Exceptions include: emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved.¹

Sample HMO ID card

 <small>An Independent Licensee of the Blue Cross & Blue Shield Association</small>	EverydayHealth
JOHN DOE PMK999999999	PIMACONNECT Network Group Number 40734 Plan Year 2023
Dependent(s) Name: JANE DOE SALLY DOE BOBBY SMITH	In-Network Cost Share: Deductible Individual \$1200 Deductible Family \$2400 OOP MAX Individual \$8700 OOP MAX Family \$17400 Rx Ded Tier 2/Tier 3 \$150/250 Pediatric Member-Dental: YES
Copay PCP \$15 Copay Specialist \$25 Copay Urgent Care/ER \$50/100 Copay Rx Tier 1/2/3/4 \$8/10/250/500 Rx Bin# 603017	
HMO	AZDOI 

Member ID – *This is your account number.* Mention this number when calling Customer Service.

Network – If you are part of a specific HMO network, the name of the network will be listed here.

Deductible – The cost you pay before coinsurance starts. Some costs you pay don't count toward your deductible.

Out-of-Pocket Maximum (OOP MAX) – The most you have to pay for covered services in a contracted plan year.

[Learn more about copays and coinsurance on page 13.](#)

¹Urgent care is available for visits to BlueCard Traditional providers outside of Arizona.

STEP 4 Find healthcare providers in your plan's network

It's always good to find out if providers are in your plan's network before you see them. If you have a PPO plan, providers who are not in your plan's network will cost you more. If you have an HMO plan, providers who are not in your plan's network will not be covered. That means you'll be responsible for paying the bill in full.

Use our **Find a Doctor** tool, which lists doctors, other healthcare professionals, hospitals, and facilities that are part of our network.

Log in to your MyBlue account at azblue.com/MyBlue and click on the search link under **Find Doctors, Hospitals, and Facilities**. You will be able to search for a provider who is in your plan's network by name, type (area of specialization), or distance from your location.

You can also call the number on the back of your member ID card to make sure a provider you're planning to see is in your network.

When talking with a provider, always ask, "Are you contracted to take my AZ Blue plan?" Most providers are in an AZ Blue network but may not be in network for your particular plan. That is why it is important to ask if they participate in the plan.



BENEFITS TO STAY HEALTHY

Preventive care

A healthy life consists of good preventive care.

This can include:

- Regular health exams
- Care coordination visits
- Shots (immunizations)
- Cancer screenings
- Health coaching, and more

With ongoing preventive care, you can often avoid diseases and find health issues early. You'll not only save time and money down the road—it might even save your life. Talk with your doctor about how to best manage your health and create an action plan that's right for you.

For more preventive care support and recommendations call **1-877-694-2583**.

BlueCare AnywhereSM

Discover the ease and convenience of telehealth services¹. Seeing a doctor can be inconvenient if you have a busy schedule, or if you feel too ill to drive. You can see a board-certified doctor, counselor, or psychiatrist² via your computer, tablet, or mobile device, right from the privacy of your home or anywhere you may be.

Your BlueCare Anywhere telehealth visit copay is listed on your Summary of Benefits and Coverage (SBC) on azblue.com/MyBlue under the **My Benefits tab**.³ Log in to azblue.com/MyBlue, click **Find a Doctor**, then select BlueCare Anywhere.

¹ Certain plans do not include BlueCare Anywhere telehealth services. See your benefit book for details.

² Certain self-funded plans may not include BlueCare Anywhere behavioral health services (counseling/psychiatry). Check your benefit book for details. For plans with full BlueCare Anywhere benefits, counseling and psychiatry appointments may take up to 14 days to schedule.

³ Virtual visits do not provide emergency care. In an identified or probable emergency, the virtual visit provider will direct the patient to seek emergency care.

⁴ Availability of services and programs will vary. Not all programs are available to all members. Certain programs, such as health coaching, have eligibility requirements. AZ Blue members should always consult with their doctor or healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice of a member's doctor or healthcare provider. Recommended services or treatment options may not be covered under AZ Blue benefit plans. Certain health and wellness services are provided by an independent third party contracted by AZ Blue to provide health enhancement services to AZ Blue members.

Nurse On Call

You can get answers to your health questions quickly and easily with Nurse On Call. For no additional cost, you can talk to a registered nurse anytime—24/7 and at no charge, **1-866-422-2729**.

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 ER.

Healthy tools and discounts⁴

Sharecare® – Register at azblue.sharecare.com to access easy-to-use tools to help improve your health and well-being. One tool is the **RealAge® Test**, a health assessment that can help you calculate your body's true age.

Blue365® – With our national discount program, you can get healthy deals and discounts exclusively for our members. Register at Blue365Deals.com/BCBSAZ with your AZ Blue ID number for special offers from top national brands in fitness, nutrition, personal care, and more.

Care Management – A clinical care manager may reach out to you if you have a chronic medical or behavioral health condition, have recently had a hospitalization, or need some assistance navigating the healthcare system. Care managers can help with coordinating care, managing a chronic condition, helping you understand your benefits, and even assist with community resources. Care management is free of charge to our members. To request care management, call the number on the back of your member ID card.

WHERE TO GO FOR MORE INFORMATION

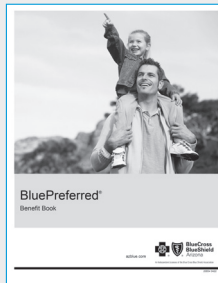
Understand what your plan covers and your costs

It's important to understand what care your plan covers and what you may need to pay as your share of the cost.

FOUR WAYS YOU CAN LEARN MORE:

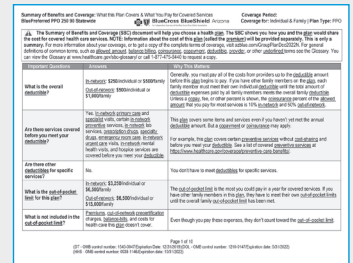
1 Your Benefit Book

It explains all of your health plan details and is available online, under the **My Benefits** tab of your MyBlue account at azblue.com/MyBlue.



2 Your Summary of Benefits and Coverage (SBC)

This document is also available online under the **My Benefits** tab of your MyBlue account. It's a great way to learn what your plan covers, how it works, your cost-share amounts, and more.



3 Customer Service

If you have a question about your plan or need help understanding your benefits, you can call the phone number on the back of your ID card. You can easily search for topics on azblue.com, and online help is available 24/7. Request a new ID card and submit questions directly to Customer Service through the MyBlue portal or email MemberHelp@azblue.com.

4 Your Pharmacy Options

Look up your medications and compare prices at locations near you. You can also easily check to see if lower-cost options are available. Log in to azblue.com/MyBlue and select **Pharmacy**. Once you connect to the pharmacy website, you can view your prescriptions, check order status, price a medication, or review your pharmacy claims.

To learn more about your prescription drug benefit, visit azblue.com/Rxinfo or call **1-866-325-1794**.

If you paid out of pocket for expenses covered by your plan, we will reimburse you and work with your provider to get everything up to date. Send a picture of your receipts and details to ReimbursementHelp@azblue.com.

WHERE TO GO FOR CARE AND WHEN

	Telehealth (BlueCare Anywhere) ¹	Retail Clinic	Urgent Care	Primary Care Provider (PCP)	Emergency Room (ER)
Symptoms	Not feeling well and want to see a doctor within minutes, from anywhere?	Feel bad but can't get in to see your doctor?	Not feeling well, and it's on the weekend?	Is it something that can wait?	Think it could be a matter of life or limb?
When to go	<p>Non-emergency care. BlueCare Anywhere lets you visit with a physician from a smartphone, tablet, or computer.</p> <ul style="list-style-type: none"> • Colds and flus • Headaches • Sinus, eye, or ear infections • Diarrhea or vomiting • Rashes • Sprains <p>Counseling and Psychiatry²</p>	<p>Non-life-threatening illness or injury and can't get in to see your primary care provider.</p> <ul style="list-style-type: none"> • Colds and flus • Sinus, eye, or ear infections • Rashes • Vaccines and health screenings 	<p>Non-life-threatening medical issues, it's a weekend or an evening, and your doctor isn't available.</p> <ul style="list-style-type: none"> • Colds and flus • Headaches • High fever • Spreading skin irritations/ rashes • Minor cuts and burns • Sprains • Minor fractures 	<p>Routine, non-emergency care or help managing an acute or chronic condition.</p> <ul style="list-style-type: none"> • Colds and flus • Headaches • Sinus, eye, or ear infections • Diarrhea or vomiting • Rashes • Sprains • High fever • Vaccines and health screenings 	<p>Serious medical condition that could be life- or limb-threatening.</p> <ul style="list-style-type: none"> • Severe chest pain • Difficulty breathing • Major trauma or injury (such as broken bone) • Severe diarrhea • Uncontrolled bleeding or vomiting blood • Animal bite • Seizures • Severe burns • Unconsciousness
Wait time	Immediate , get access to a provider 24/7.	Typically short. May have online check-in.	Shorter than ER plus some clinics let you sign in online.	Minimal , depending on the office.	Depends on time of day but if it's a true emergency, you'll be seen/evaluated promptly.
How to get care	Log in to azblue.com/MyBlue , click Find a Doctor , then select BlueCare Anywhere.	No appointment needed, but calling ahead or scheduling online is always a good idea.	Sign in to your MyBlue member account at azblue.com/MyBlue to find locations that are covered by your plan.	Call your doctor or healthcare provider to make an appointment.	In an emergency, call 911 or have a friend or family member drive you to the nearest location.
Cost					

FIND PROVIDERS, GET COST ESTIMATES, AND MORE.

Log in to your MyBlue account at azblue.com/MyBlue and click the **Find a Doctor** tab to find healthcare providers. There, you can also use the **Costs for Procedures** tool to get estimates on various treatments such as eye exams, mental health services, and more.

Your health plan covers preventive services such as flu shots, vaccinations, blood pressure checks, and screening tests. Note that you most likely won't pay for preventive services if you use providers in your plan's network. If you're not sure what kind of healthcare you need during a non-emergency event, use our 24-hour Nurse On Call service at **1-866-422-2729** to receive guidance.

Call 911 in an emergency.

¹Certain plans do not include BlueCare Anywhere telehealth services. See your benefit book for details.

²Certain self-funded plans may not include BlueCare Anywhere behavioral health services (counseling/psychiatry). Check your benefit book for details. For plans with full BlueCare Anywhere benefits, counseling and psychiatry appointments may take up to 14 days to schedule.

GET THE MOST FROM YOUR BENEFITS

Health plans protect you by lowering the total cost of care and setting limits on how much you need to pay.

Once you know some basic words and phrases, you can get an idea of what you're going to need to pay at the doctor's office. The following example helps define some of these terms.



LET'S SAY

Jane wakes up with stomach pain and a fever. Jane calls her in-network doctor to be seen right away. She pays a \$15 **copay** for seeing her doctor.

Then, after she receives care, her doctor finds that she'll need surgery totaling \$55,000.

Jane's health plan has a \$4,000 **deductible** for the year, which she must pay first. After that's paid, she will pay 20% of the costs (this is her plan's **coinsurance** amount) and her health plan will pay 80%.

*Once Jane reaches her total **out-of-pocket maximum**, which is \$6,650 for her plan, her insurance will pay 100% of her covered medical costs for the rest of the year.*

WHAT DID HER OUT-OF-POCKET COSTS INCLUDE?

The \$4,000 deductible that was paid counts toward the out-of-pocket maximum, as well as the initial \$15 copay, leaving a balance of \$2,635. Once that's paid, Jane has met her out-of-pocket maximum of \$6,650 (\$15 + \$4,000 + \$2,635).

IN SUMMARY:

TOTAL COST OF JANE'S MEDICAL CARE: **\$55,000**

JANE PAID: **\$6,650**

INSURANCE PAID: **\$48,350**

Jane **saved \$48,350** by using a provider in her plan's network.

Learn more about these insurance terms on page 14.

INSURANCE TERMS

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 example 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. Non-contracted 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.

Coinsurance

The share you pay for covered care once you’ve paid your deductible.

IF YOU HAVE A PPO PLAN and you choose an out-of-network imaging facility or other out-of-network healthcare professional, you may have to pay the difference between the amount they charge and AZ Blue’s allowed amount. In some instances, out-of-network providers may ask you to assign benefits to the provider, which would allow AZ Blue to send the payment to them directly.

IF YOU HAVE AN HMO OR EPO PLAN, services from a healthcare provider that is not in your network probably won’t be covered. 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.

Copay

A fixed dollar amount you pay for certain care your plan covers. You can pay your copay before or after you receive care, depending on what your doctor’s office requires.

Deductible

The amount you pay for care during the plan year before your health insurance starts to pay.

EXAMPLE: Your plan may have a yearly deductible. As you get care that your plan covers, you pay for it yourself until you have reached the deductible amount. You will see your deductible amount on your member ID card.

Network (Participating) Provider

A doctor, clinic, hospital, or other healthcare provider that has contracted with AZ Blue to serve plan members.

Out-of-pocket maximum

The most you pay in a year before your health insurance pays 100% of the cost of covered network services. These limits put a cap on healthcare costs if you ever have a major illness or injury. This limit never includes items such as your premium or non-covered services. Costs for services from providers outside your network do not apply to this limit.

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.

MEMBER RIGHTS AND RESPONSIBILITIES

We want all of our members to enjoy the best care and service. To help make it happen, we promise to do our part to meet your healthcare needs. There are also things you can do to take charge of your own healthcare.

Our promise to you

You have the right to:

- Get information from us, our contracted providers, and business partners
- Access quality care
- Choose or change your doctor at any time (HMO members may change their primary care provider up to six times per year)
- Speak freely and privately with your doctors about your care
- Have your information kept secure in accordance with AZ Blue's Privacy Practices (see azblue.com/legal)
- Know who can get your private information
- Know AZ Blue's security policy (see azblue.com/legal)
- Be treated with respect and dignity
- File a complaint or challenge a decision we make
- Know how long it will take us to reply to and solve your issue
- Get information that is easy to grasp
- Get information about end-of-life planning and advance directives

Your promise to us

It is your responsibility to:

- Read the information we give you and ask questions when you need to know more
- Know how to get care and supplies that are covered under your plan
- Follow the rules of your health plan
- Let us know right away of changes related to your phone number, mailing address, and/or email address, so that we can reach you
- Treat us, and the doctors and hospitals you get care from, with respect
- Give us information we need to help you
- Give doctors and hospitals honest information about yourself
- Understand your health and work with your doctor on a care plan that is right for you
- Do as your doctor advises for your health
- Talk to your doctor before you change something with your healthcare plan
- Keep scheduled visits with your doctors
- Pay your cost share when it is due

The Patient's Bill of Rights under the Affordable Care Act (ACA)

Under the law, a "Patient's Bill of Rights" aims to help you make informed choices about your health. These tenets apply to all AZ Blue non-grandfathered plans in effect after March 23, 2010.

THE PATIENT'S BILL OF RIGHTS:

- **Provides coverage to those with preexisting conditions¹**
- **Protects your choice of doctors:** Choose any primary care doctor you want from your plan's network
- **Allows young adults to stay covered on a parent's plan** up to age 26
- **Ends lifetime limits on coverage**, banning them for all new health insurance plans
- **Stops your insurance from being dropped** if you make an honest mistake on your application
- **Reviews premium increases:** Insurance companies must now publicly say why rate hikes (above a certain level) may be needed for Small Group plans and Individual and Family plans
- **Helps you get the most from your premium dollars:** Most of your premium dollars must be used for your healthcare—not for administrative costs
- **Ended annual dollar limits** on essential covered services in 2014
- **Continues to allow you to get emergency care** at a hospital outside of your health plan's network without a referral

Since the Patient's Bill of Rights became law, some additional rights and protections now apply. The healthcare law:

- **Requires that non-grandfathered plans cover most preventive services in network at no cost share.**
- **Continues to guarantee your right to appeal:** You have the right to ask your insurer to reconsider its decision to deny authorization for a service or refusal to pay a claim. This has been the law in Arizona for many years, and it is now reflected in federal law through the ACA.²

¹ In effect for non-grandfathered employer Group plans on that plan's renewal date in 2014.

² Complaints and appeal information and forms are available once you log in to azblue.com/MyBlue, under the **Manage My Plan** tab.

azblue.com/MyBlue

P.O. BOX 13466, PHOENIX, AZ 85002-3466

FOLLOW US ON



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