

**Rider to Modify Blue Cross[®] Blue Shield[®] of Arizona
BluePreferred[®] Copay, BluePreferred Copay 100%, BluePreferred No Copay,
BluePreferred Saver 100%, and BluePreferred Saver 80% Group Benefit Books**

This rider modifies your 2022 group benefit book effective on or after January 1, 2022. The section headings in this rider correspond to the section headings in your benefit book.

I. DEFINITIONS

A. Under the “**Allowed Amount**” definition, replace the entire table with:

Type of Provider	Type of Claim	Basis for Allowed Amount
Providers contracted with BCBSAZ	Emergency and non-emergency	Generally, the lesser of the provider’s Billed Charges or the applicable BCBSAZ Fee Schedule, with adjustments for any negotiated contractual arrangements and certain “ <i>Claims Editing Procedures and Pricing Guidelines.</i> ”
Providers contracted with a vendor	Emergency and non-emergency	Generally, the lesser of the provider’s Billed Charges or the vendor’s Fee Schedule, with adjustments for any negotiated contractual arrangements.
Providers contracted with another Blue Cross or Blue Shield plan (“Host Blue”)	Emergency and non-emergency	Lesser of the provider’s Billed Charges or the price the Host Blue plan has negotiated with the Provider.
Noncontracted Providers (in Arizona)	Non-emergency claims	Lesser of the provider’s Billed Charges or the applicable Fee Schedule, with adjustments for certain “ <i>Claims Editing Procedures and Pricing Guidelines.</i> ”
Noncontracted Providers (outside Arizona)	Non-emergency claims	Lesser of the provider’s Billed Charges or the amount the Host Blue would pay the nonparticipating Provider. In the event that the Host Blue has not established an amount it would pay the nonparticipating Provider, the Allowed Amount is based on the applicable Fee Schedule, with adjustments for certain “ <i>Claims Editing Procedures and Pricing Guidelines.</i> ”
Noncontracted ground ambulance Providers, including Providers contracted with another BCBSAZ network, but not contracted as a plan network Provider for this benefit plan, in and outside Arizona	Emergency	The Allowed Amount is based upon the ambulance provider’s Billed Charges.
Noncontracted Provider in an in-network facility in and outside Arizona	Non-emergency and non-ancillary	The Qualifying Payment Amount, as defined by federal law, is the Allowed Amount. If you sign a consent for a noncontracted Provider to perform services at an in-network facility, you are responsible for the difference between the Qualifying Payment Amount and the provider’s Billed Charges.
Noncontracted Providers, excluding air ambulance, in and outside Arizona	Emergency	The Qualifying Payment Amount, as defined by federal law, is the Allowed Amount.
Noncontracted air ambulance Providers in and outside Arizona	Emergency and non-emergency	Lesser of the provider’s Billed Charges or the applicable BCBSAZ Fee Schedule, with adjustments for certain “ <i>Claims Editing Procedures and Pricing Guidelines.</i> ” The member’s Cost Share will be based on the lesser of the provider’s Billed Charges or the Qualifying Payment Amount, as defined by federal law.

II. GENERAL PROVISIONS

- A. Under the subsection “**No Surprises Act**,” after the last bullet titled “**Disputes**,” insert:

If you feel that you have incorrectly received a Balance Bill, you can contact the following agency to dispute the bill.

Consumer Affairs Division
Arizona Department of Insurance and Financial Institutions
100 North 15th Avenue, Suite 261
Phoenix, Arizona 85007-2624
Phone: (602) 364-2499
Email: insurance.consumers@difi.az.gov
Website: <https://difi.az.gov/complaint>



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