

**Rider to Modify Blue Cross® Blue Shield® of Arizona
Ascend HMO Plus 100 80 70 and Ascend HSA HMO 90 80 70
Group Base Benefit Book**

This rider modifies your 2022 group Base Benefit Book effective upon the group's 2023 renewal or effective date. The section headings in this rider correspond to the section headings in your Base Benefit Book.

Base Benefit Book

I. YOUR HEALTH PLAN BENEFITS

- A.** In section “**E. Chiropractic Services,**” the following sentence is added to the end of the first paragraph:

Chiropractic services must be provided through the Chiropractic Benefits Administrator.

- B.** In section “**P. Inpatient Hospital,**” under “**Services covered,**” the fourth bullet is deleted and replaced with:

- Diagnostic testing, including radiology, laboratory services, and biomarker testing

- C.** In section “**V. Outpatient Services,**” the fifth bullet is deleted and replaced with:

- Diagnostic testing, including radiology, laboratory services, and biomarker testing

- D.** In subsection “**W.1 Pharmacy Benefit,**” under “**Coverage limits,**” the following is added after the first paragraph:

Certain medications are subject to step therapy (see definition in Appendix A). You'll find information on how to request an exception for step therapy at azblue.com/pharmacy.

- E.** In subsection “**W.1 Pharmacy Benefit,**” the tip is deleted and replaced with:

Tip! You can find cost estimates for your prescription drugs at [MyBlue](https://myblue.com). After you log in, select “Pharmacy.”

- F.** In section “**BB. Preventive Services,**” the fourth bullet is deleted and replaced with:

- U.S. Preventive Services Task Force (USPSTF) A or B rated services at uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

II. WHAT'S NOT COVERED

- A.** The following exclusion is deleted:

Payments for services that are unlawful in the location where the member resides at the time the expenses are incurred

- B.** The following exclusion is added:

Payments for services that are unlawful in the location where the service is performed at the time the expenses are incurred

III. FINDING & WORKING WITH PROVIDERS

- A.** In section “**Working with Your PCP,**” subsection “**Choosing or changing your primary care provider (PCP),**” the following sentence is deleted from the first paragraph:

You'll find the name of your PCP on your BCBSAZ member ID card.

IV. PRECERTIFICATION

- A. In the “**If BCBSAZ denies your precertification request**” section, the following is added after the second paragraph:

If BCBSAZ denies your request for biomarker testing, you’ll find information on how to request an exception on [MyBlue](#).

V. APPENDIX A: TERMS TO KNOW

- A. Under the “**Benefit plan or plan**” definition, the fourth bullet, “Your ID card,” is deleted.

VI. APPENDIX B: OTHER HEALTH PLAN DETAILS

- A. In section “**No Surprises Act**,” the information after the last bullet is deleted and replaced with the following:

If you would like more information on the No Surprises Act, or if you feel that you have incorrectly received a balance bill, the federal government has created the following website:

cms.gov/nosurprises

You can also call 1-800-985-3059.

To view a statement of Your Rights and Protections Against Surprise Medical Bills, go to azblue.com/individualsandfamilies/resources/forms. You can also call the number on the back of your ID card to have a copy of the statement mailed to you.



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