

**Rider to Modify Blue Cross® Blue Shield® of Arizona
BluePreferred® PPO 100 90 80 70 and
BluePreferred HSA Plus 100 90 80 70
Group Base Benefit Book and Plan Attachment**

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

Base Benefit Book

I. YOUR HEALTH PLAN BENEFITS

- A.** 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
- B.** In section “**V. Outpatient Services,**” the fifth bullet is deleted and replaced with:
- Diagnostic testing, including radiology, laboratory services, and biomarker testing
- C.** 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.
- D.** 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. 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](https://myblue.com).

IV. 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.

BluePreferred PPO 100 8300 Plan Attachment

V. COST-SHARE TABLE

- A. In section “**Pharmacy Benefit**,” the language in the “**Out-of-Network Cost Share**” section is deleted and replaced with:

Retail Medications (30-day supply)

- Tier 1: **\$15 copay + balance bill**
- Tier 2: **\$0** (after deductible) + **balance bill**
- Tier 3: **\$0** (after deductible) + **balance bill**
- Tier 4 (including compounded medications): **\$0** (after deductible) + **balance bill**

The following are **not covered** when obtained from out-of-network pharmacies:

- 90-day supply at retail
- Mail order medications
- Specialty medications

You must pay the full cost for retail prescriptions purchased from an out-of-network pharmacy and submit a claim to BCBSAZ. You will be responsible for any balance bill, including the difference between the allowed amounts for the generic and brand name medications.

BluePreferred HSA Plus 100 Plan Attachment

VI. COST-SHARE TABLE

- B. In section “**Pharmacy Benefit**,” the language in the “**Out-of-Network Cost Share**” section is deleted and replaced with:

\$0 (after deductible) + **balance bill**

The following are **not covered** when obtained from out-of-network pharmacies:

- 90-day supply at retail
- Mail order medications
- Specialty medications

You must pay the full cost for retail prescriptions purchased from an out-of-network pharmacy and submit a claim to BCBSAZ. You will be responsible for any balance bill, including the difference between the allowed amounts for the generic and brand name medications.

BluePreferred HSA Plus 90 80 70 Plan Attachment

VII. COST-SHARE TABLE

- A. In section “**Pharmacy Benefit**,” the language in the “**Out-of-Network Cost Share**” section is deleted and replaced with:

50% coinsurance (after deductible) + **balance bill**

The following are **not covered** when obtained from out-of-network pharmacies:

- 90-day supply at retail
- Mail order medications
- Specialty medications

You must pay the full cost for retail prescriptions purchased from an out-of-network pharmacy and submit a claim to BCBSAZ. You will be responsible for any balance bill, including the difference between the allowed amounts for the generic and brand name medications.

A handwritten signature in black ink, appearing to read 'Pam Kehaly', with a large, stylized flourish at the end.

Pam Kehaly, President and CEO
Blue Cross Blue Shield of Arizona

