

**Rider to Modify Blue Cross® Blue Shield® of Arizona  
Ascend HMO Plus and Ascend HSA HMO  
Group Base Benefit Books**

This rider modifies your group Base Benefit Book effective January 1, 2024. The section headings in this rider correspond to the section headings in your Base Benefit Book.

**Base Benefit Book**

**I. QUICK START: USING YOUR HEALTH PLAN**

- A.** The **See Your Primary Care Provider When You Need Care** section is deleted.

**II. YOUR HEALTH PLAN BENEFITS**

- A.** In the **What's Covered** section, the third bullet of the second paragraph, "Has a referral from the member's designated PCP, if a referral is required" is deleted.
- B.** In the **EE. TELEHEALTH SERVICES–BLUECARE ANYWHERE** section, the sentence "These services do not require PCP referral" after the bullets in the first paragraph is deleted.
- C.** In the **What's Not Covered** section, the "Services that require a PCP referral when a referral is not obtained" exclusion is deleted.

**III. FINDING & WORKING WITH HEALTHCARE PROVIDERS**

- A.** The first paragraph of the section is deleted and replaced with the following:

Your health plan is an HMO and comes with a network of providers who you see when you need care. This section explains how to find network providers and what to do if you need urgent or emergency care and your network providers are not available or when you're out of the area.

- B.** The **Working with Your PCP** section and all subsections are deleted and replaced with the following:

**Consider choosing a primary doctor**

With your plan, you don't need to select a primary care provider (PCP). However, we recommend that you establish a relationship with a primary doctor. A doctor who knows your medical history is better able to help you spot potential health problems early, while they are small and easier to change.

**Non-emergency or non-urgent services**

**Before you receive non-emergency or non-urgent services:**

- Check the provider's network status and know whether or not they are a contracted plan network provider with BCBSAZ
- Read your benefit materials
- Know your coverage
- Know the limits and exclusions on your coverage (what is not covered)
- Know how much cost share you will have to pay

**After you receive services:**

- Read your Explanation of Benefits (EOB) and/or monthly health statements
- Tell BCBSAZ if you see any differences between the member cost share listed on your claims documents and what you actually paid.

- C. In the **Out-of-Network Providers** section, the first paragraph is deleted and replaced with the following:

You have coverage for services from out-of-network providers only for emergencies, urgent telehealth services, EGID formula, medical foods, and services from an out-of-network provider that have received precertification. An out-of-network provider in or outside of Arizona is not required to file a claim for you, and may require payment from you. If the provider does not file your claim, send a copy of the itemized bill and a completed claim form to BCBSAZ. When you do, your payment will be applied toward your deductible. If you've already met your calendar-year deductible, you may receive money back after we process your claim.

**IV. APPENDIX A: TERMS TO KNOW**

- A. The "Primary Care Provider (PCP)" definition is deleted and replaced with the following:

<b>Primary Care Provider (PCP)</b>	A healthcare professional who is contracted with BCBSAZ as a PCP and generally specializes in or focuses on the following practice areas: internal medicine, family practice, general practice, pediatrics, or any other classification of provider approved as a PCP by BCBSAZ. Your benefit plan does not require you to have a PCP, or to see a PCP for a referral before seeing a specialist.
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- B. The "Specialist" definition is deleted and replaced with the following:"

<b>Specialist</b>	A doctor or other healthcare professional who practices in a specific area other than those practiced in by PCPs, family doctors, and other general practitioners; or a properly licensed, certified, or registered individual healthcare provider whose practice is limited to rendering behavioral health services. For purposes of cost share, this definition of the term specialist does not apply to dentists. Your benefit plan does not require you to get a referral from a PCP before you see a specialist.
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- C. The "Standing referral" definition is deleted.



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