

# Rider to Modify Blue Cross® Blue Shield® of Arizona BluePreferred® PPO and BlueSignature<sup>SM</sup> Prosano PPO Group Base Benefit Book

Your employer sponsors a self-funded employee health care plan to provide its employees with healthcare coverage. The plan is established by your employer and is maintained according to a written document called the *plan document*.

Your employer has contracted with Blue Cross Blue Shield of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association, to provide certain administrative claims processing and utilization management services for this plan. Benefits under the plan are paid from the general assets of the *plan sponsor*.\* BCBSAZ provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims.

BCBSAZ also may have a contract with your employer to provide stop-loss insurance to the plan. This stop-loss insurance may be:

- *Aggregate stop-loss insurance*, which reimburses the plan if claims for all employees go above a specified amount in a plan year;
- *Specific stop-loss*, which reimburses the plan whenever claims on any one covered person go above a specified amount; **or**
- A combination of the above

BCBSAZ is an independent contractor and shall not for any purpose be deemed either an agent of your employer or the employer's plan administrator,\* nor shall BCBSAZ and your employer be deemed partners or joint venturers, or be governed by any legal relationship in which BCBSAZ's role is any other than that of independent contractor. In this book, BCBSAZ refers to the administrative services agreement and/or stop-loss insurance agreement with your employer as a *Group Master Contract*.

Your Benefit Book describes the benefits for employees and their dependents who are eligible for and have elected coverage under the plan. BCBSAZ may distribute a similar Benefit Book for insured employer groups and self-funded employer groups. This Benefit Book may use words used in an insured plan. All such references shall be read with the knowledge and understanding that the plan is self-insured. The Benefit Book by itself *is not your employer's summary plan description or plan document*. *Your employer is responsible for providing these documents to you.*

This benefit plan gives you access to a network of doctors, hospitals, clinics, and other providers that have agreed to negotiated discounts with BCBSAZ or a local Blue Cross and/or Blue Shield plan if covered services are rendered outside of Arizona.

**Please note:** Not all services available from network providers are covered. As this is a self-funded employer healthcare plan, benefits provided in this plan may not include all of the benefits that are required to be included in non-self-funded healthcare plans. Read your Benefit Book carefully to understand the benefits and limitations of this plan.

\**Plan sponsor and plan administrator* are terms defined under the Employee Retirement Income Security Act (ERISA). These parties are often your employer, but may be another entity as well, such as a trust or association. Your plan document or summary plan description will include the name(s) of your plan sponsor/plan administrator.



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

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

**Spanish:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

**Navajo:** Diné bee yánitti' gogo, saad bee aná'awo' bee áka'anída'awo'ít' áá jik'eh ná hóló. Bee ahít hane'go bee nida'anishí t' áá ákodaat' éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'j' ahoot'i'ígíí éí t' áá jik'eh hóló. Kohji' 1-877-475-4799.

**Chinese Simplified:** 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-877-475-4799。

**Chinese Traditional:** 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-877-475-4799。

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

**French:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

**Vietnamese:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

**German:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

**Korean:** 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

**Russian:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

## Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

**Hindi:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799।

## Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

**Thai:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

**Japanese:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。

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