



An Independent Licensee of the Blue Cross Blue Shield Association

Balanced Funding Health Plan

PRODUCT GUIDE

PLAN CHOICES EFFECTIVE APRIL 1, 2022

**EMPLOYERS WITH
9+ ENROLLED EMPLOYEES**

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VALUE OF BLUE

We are excited to share our 2022 product portfolio. These products were designed with you and your employees in mind. When you choose our plans, you will have the support you need, when you need it, every step of the way—from strategic planning, to implementation, to day-to-day operations.

Like you, we want your employees to be their absolute healthiest. Our integrated programs and resources are available to streamline and improve your employees' healthcare experience. A full range of programs, support, and tools are available to help them make the best choices for their health and wellness needs.

Throughout our history, Blue Cross® Blue Shield® of Arizona (BCBSAZ) has been committed to inspiring health in Arizona as the trusted leader in delivering affordable, innovative healthcare solutions.

DO BUSINESS.
DO LIFE.

Experience has shown that offering a strong benefits package can help you recruit and retain talent, and support a healthy employee work force so that you can Do Business and Do Life.

BALANCED FUNDING

Balanced Funding – A self-funding solution for employers with nine or more enrolled employees. Balanced Funding provides employers with financial predictability and control over monthly healthcare costs. With Balanced Funding, employers pay a fixed, monthly amount that includes the cost of administrative services, stop-loss insurance, and all claims coverage. Balanced Funding may be a great option for employers whose employees are engaged in their healthcare and use their plan in a cost-efficient and effective manner.

Advantages of Balanced Funding:

- **Easier budgeting.** Your business may qualify for a lower fixed monthly cost than what you are currently paying.
- **All-inclusive funding.** Your monthly payment covers administrative services, stop-loss insurance, and claims liability.
- **Potential refunds.** You have the ability to earn dollars back if claims are lower than expected.
- **No surprises.** If the amount of your claims is more than what you've paid, you don't owe more.
- **Enhanced transparency.** Monthly reports let you easily understand your healthcare claims costs throughout the year.

Balanced Funding protects you both ways:

EXAMPLE #1	EXAMPLE #2
Annual Claims Funding: \$50,000 Actual Claims: \$46,000	Annual Claims Funding: \$50,000 Actual Claims: \$55,000
<i>Congratulations!</i> Your business will receive \$4,000 back!*	<i>Don't worry!</i> Even if you exceed your projected claims allowance for the year, you won't owe any additional dollars.
<small>*Surplus is paid following plan renewal.</small>	

What happens in the event of an unusually large claim? With Blue Cross® Blue Shield® of Arizona (BCBSAZ), stop-loss coverage components—both specific (claims for each individual) and aggregate (total claims for all individuals)—are included. This ensures there's a limit on what you'll pay.

Predictable, affordable, and transparent.

Ask your broker or BCBSAZ representative how Balanced Funding can work for you.

Medical criteria are used to establish rates for balanced-funding arrangements. Not all businesses will qualify.

Surplus is paid after plan renewal as long as the business retains a BCBSAZ balanced-funding plan or a major medical plan.

With balanced funding, composite rates are fixed; however, monthly payments may still change based on your employee census, as employees or dependents are added or removed.

PLAN CHOICES EFFECTIVE APRIL 1, 2022

Employers can choose from many health plan options for BCBSAZ to administer. All of these plans cover in-network preventive care services at no out-of-pocket cost to employees.

PPO PLANS	HMO PLANS
BluePreferred® <ul style="list-style-type: none">• Variety of deductibles and coinsurance options• Convenient copay structure for many in-network covered services• Higher deductible options• Available networks: Statewide, Alliance, and PimaConnect	Ascend Plus <ul style="list-style-type: none">• Variety of deductibles and coinsurance options• Convenient copay structure for many in-network covered services• Higher deductible options• Available networks: Statewide, Alliance, and PimaConnect
BluePreferred HSA Plus <ul style="list-style-type: none">• Tax advantages as a qualified high-deductible PPO plan that can be paired with a health savings account (HSA)• Gives employees control over their healthcare decisions• Available networks: Statewide, Alliance, and PimaConnect	Ascend HSA <ul style="list-style-type: none">• Tax advantages as a qualified high-deductible HMO plan that can be paired with a health savings account (HSA)• Gives employees control over their healthcare decisions• Available networks: Statewide, Alliance, and PimaConnect

NETWORKS & PROVIDER AFFILIATIONS FOR PPO AND HMO PLANS

Statewide—Affiliations statewide

Alliance (Maricopa County)—Banner Health and HonorHealth

PimaConnect (Pima County)—Tucson Medical Center and Northwest Medical Center



BluePreferred 100% PPO

	\$250/\$25/\$45 (100%/50%)	\$500/\$25/\$45 (100%/50%)	\$1,000/\$25/\$50 (100%/50%)	\$1,500/\$25/\$50 (100%/50%)	\$2,000/\$25/\$50 (100%/50%)	\$2,500/\$25/\$60 (100%/50%)	\$3,000/\$25/\$60 (100%/50%)	\$4,000/\$25/\$60 (100%/50%)	\$5,000/\$25/\$75 (100%/50%)	\$6,000/\$25/\$75 (100%/50%)	\$8,300/\$25/\$95 (100%/100%)
Calendar-Year Deductible	\$250/ member and \$500/ family	\$500/ member and \$1,000/ family	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$8,300/ member and \$16,600/ family
Provider Networks Available	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Out-of-Pocket Limit	\$1,500/ member and \$3,000/ family	\$1,750/ member and \$3,500/ family	\$2,250/ member and \$4,500/ family	\$2,750/ member and \$5,500/ family	\$3,250/ member and \$6,500/ family	\$3,750/ member and \$7,500/ family	\$4,250/ member and \$8,500/ family	\$5,250/ member and \$10,500/ family	\$6,250/ member and \$12,500/ family	\$8,150/ member and \$16,300/ family	\$8,300/ member and \$16,600/ family
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$45 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$95 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No	No
Urgent Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$95 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:											
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	No charge after deductible
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	No charge after deductible
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	No charge after deductible
Surgery (Inpatient/ Outpatient)	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	No charge after deductible
Ambulance	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Telehealth											
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 17.



BluePreferred 90% PPO

	\$250/\$25/\$45 (90%/50%)	\$500/\$25/\$45 (90%/50%)	\$1,000/\$25/\$50 (90%/50%)	\$1,500/\$25/\$50 (90%/50%)	\$2,000/\$25/\$50 (90%/50%)	\$2,500/\$25/\$60 (90%/50%)	\$3,000/\$25/\$60 (90%/50%)	\$4,000/\$25/\$60 (90%/50%)	\$5,000/\$25/\$75 (90%/50%)	\$6,000/\$25/\$75 (90%/50%)
Calendar-Year Deductible	\$250/ member and \$500/ family	\$500/ member and \$1,000/ family	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
Provider Networks Available	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Out-of-Pocket Maximum	\$3,250/ member and \$6,500/ family	\$3,500/ member and \$7,000/ family	\$4,000/ member and \$8,000/ family	\$4,500/ member and \$9,000/ family	\$5,000/ member and \$10,000/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$45 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No
Urgent Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Surgery (Inpatient/Outpatient)	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Telehealth										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 17.



BluePreferred 80% PPO

										NEW
	\$500/\$25/\$45 (80%/50%)	\$1,000/\$25/\$50 (80%/50%)	\$1,500/\$25/\$50 (80%/50%)	\$2,000/\$25/\$50 (80%/50%)	\$2,500/\$25/\$60 (80%/50%)	\$3,000/\$25/\$60 (80%/50%)	\$4,000/\$25/\$60 (80%/50%)	\$5,000/\$25/\$75 (80%/50%)	\$6,000/\$25/\$75 (80%/50%)	\$7,000/\$25/\$100 (80%/50%)
Calendar-Year Deductible	\$500/ member and \$1,000/ family	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
Provider Networks Available	Statewide	Statewide, Alliance, PimaConnect	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Out-of-Pocket Maximum	\$4,500/ member and \$9,000/ family	\$5,000/ member and \$10,000/ family	\$5,500/ member and \$11,000/ family	\$6,000/ member and \$12,000/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No
Urgent Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$75 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$100 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay
Surgery (Inpatient/Outpatient)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Telehealth										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 17.



BluePreferred 70% PPO

									NEW	NEW
	\$1,000/\$25/\$50 (70%/50%)	\$1,500/\$25/\$50 (70%/50%)	\$2,000/\$25/\$50 (70%/50%)	\$2,500/\$25/\$60 (70%/50%)	\$3,000/\$25/\$60 (70%/50%)	\$4,000/\$25/\$60 (70%/50%)	\$4,000/\$25/\$60 (70%/50%)	\$6,000/\$25/\$75 (70%/50%)	\$7,000/\$25/\$100 (70%/50%)	\$8,000/\$35/\$100 (70%/50%)
Calendar-Year Deductible	\$1,000/ member and \$2,000/ family	\$1,500/ member and \$3,000/ family	\$2,000/ member and \$4,000/ family	\$2,500/ member and \$5,000/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$4,000/ member and \$8,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$8,000/ member and \$16,000/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Out-of-Pocket Maximum	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$6,350/ member and \$12,700/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family	\$8,700/ member and \$17,400/ family
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No
Specialist Visit	\$50 copay	\$50 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$100 copay	\$100 copay
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No
Urgent Care Visit	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay	\$35 copay
Tier 2	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$75 copay	\$75 copay
Tier 3	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$100 copay	\$100 copay
Tier 4	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$200 copay
Surgery (Inpatient/Outpatient)	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency Room Visit	\$350 copay	\$350 copay	\$350 copay	\$400 copay	\$400 copay	\$400 copay	\$400 copay	\$450 copay	\$750 copay	\$750 copay
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Telehealth										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 17.



BluePreferred HSA Plus 100% PPO

	\$2,800 (100%/100%)	\$3,000 (100%/100%)	\$4,000 (100%/100%)	\$5,000 (100%/100%)	\$6,000 (100%/100%)	\$7,000 (100%/100%)
Calendar-Year Deductible	\$2,800/ member and \$5,600/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
Provider Networks Available	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	0%	0%	0%	0%	0%	0%
Out-of-Pocket Maximum	\$2,800/ member and \$5,600/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family
Primary Care (PCP) Visit	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
PCP Selection Required?	No	No	No	No	No	No
Specialist Visit	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Referral Required to Visit Specialist?	No	No	No	No	No	No
Urgent Care Visit	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Surgery (Inpatient/Outpatient)	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Emergency Room Visit	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Ambulance	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Telehealth	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 17.



BluePreferred HSA Plus 90% PPO

	\$1,500 (90%/50%)	\$2,800 (90%/50%)	\$3,000 (90%/50%)	\$4,000 (90%/50%)	\$5,000 (90%/50%)	\$6,000 (90%/50%)
Calendar-Year Deductible	\$1,500/ member and \$3,000/ family ¹	\$2,800/ member and \$5,600/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
Provider Networks Available	Statewide	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	10%	10%	10%	10%	10%	10%
Out-of-Pocket Maximum	\$4,000/ member and \$8,000/ family	\$5,250/ member and \$10,500/ family	\$5,500/ member and \$11,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family
Primary Care (PCP) Visit	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
PCP Selection Required?	No	No	No	No	No	No
Specialist Visit	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Referral Required to Visit Specialist?	No	No	No	No	No	No
Urgent Care Visit	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Surgery (Inpatient/ Outpatient)	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Emergency Room Visit	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Telehealth	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible

¹The member deductible applies only to an individual or self-only plan purchase. A member with any covered dependent(s) must meet the family deductible. The family deductible must be met by one or more of the covered members before coinsurance applies. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 17.



BluePreferred HSA Plus 80%, 70% PPO

	\$2,800 (80%/50%)	\$3,000 (80%/50%)	\$4,000 (80%/50%)	\$5,000 (80%/50%)	\$6,000 (80%/50%)	\$2,800 (70%/50%)	\$3,000 (70%/50%)	\$4,000 (70%/50%)	\$5,000 (70%/50%)	\$6,000 (70%/50%)
Calendar-Year Deductible	\$2,800/ member and \$5,600/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$2,800/ member and \$5,600/ family	\$3,000/ member and \$6,000/ family	\$4,000/ member and \$8,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
Provider Networks Available	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	20%	20%	20%	30%	30%	30%	30%	30%
Out-of-Pocket Maximum	\$5,250/ member and \$10,500/ family	\$5,500/ member and \$11,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family	\$5,250/ member and \$10,500/ family	\$5,500/ member and \$11,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family
Primary Care (PCP) Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
PCP Selection Required?	No	No	No	No	No	No	No	No	No	No
Specialist Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Referral Required to Visit Specialist?	No	No	No	No	No	No	No	No	No	No
Urgent Care Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Surgery (Inpatient/Outpatient)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency Room Visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Telehealth	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 17.



Ascend Plus 100%, 80%, 70% HMO

	NEW				NEW				NEW	
	\$8,300/\$25/\$95 (100%)	\$3,000/\$25/\$60 (80%)	\$5,000/\$25/\$75 (80%)	\$6,000/\$25/\$75 (80%)	\$7,000/\$25/\$100 (80%)	\$3,000/\$25/\$60 (70%)	\$5,000/\$25/\$75 (70%)	\$6,000/\$25/\$75 (70%)	\$7,000/\$25/\$100 (70%)	\$8,000/\$35/\$100 (70%)
Calendar-Year Deductible	\$8,300/ member and \$16,600/ family	\$3,000/ member and \$6,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$3,000/ member and \$6,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$7,000/ member and \$14,000/ family	\$8,000/ member and \$16,000/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	0%	20%	20%	20%	20%	30%	30%	30%	30%	30%
Out-of-Pocket Maximum	\$8,300/ member and \$16,600/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family	\$6,350/ member and \$12,700/ family	\$6,600/ member and \$13,200/ family	\$8,150/ member and \$16,300/ family	\$8,500/ member and \$17,000/ family	\$8,700/ member and \$17,400/ family
Primary Care (PCP) Visit	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay
PCP Selection Required?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Specialist Visit	\$95 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$60 copay	\$75 copay	\$75 copay	\$100 copay	\$100 copay
Referral Required to Visit Specialist?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Urgent Care Visit	\$95 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs:										
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay	\$15 copay	\$15 copay	\$15 copay	\$35 copay	\$35 copay
Tier 2	No charge after deductible	\$55 copay	\$55 copay	\$55 copay	\$75 copay	\$55 copay	\$55 copay	\$55 copay	\$75 copay	\$75 copay
Tier 3	No charge after deductible	\$85 copay	\$85 copay	\$85 copay	\$100 copay	\$85 copay	\$85 copay	\$85 copay	\$100 copay	\$100 copay
Tier 4	No charge after deductible	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$150 copay	\$150 copay	\$150 copay	\$200 copay	\$200 copay
Surgery (Inpatient/Outpatient)	No charge after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency Room Visit	No charge after deductible	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$400 copay	\$450 copay	\$450 copay	\$750 copay	\$750 copay
Ambulance	No charge after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Telehealth										
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Psychiatric Visit	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay

Cost-share amounts are for covered services by providers in the plan's network. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved. Except for emergencies and urgent care, member's must obtain primary care professional services from their designated PCP. If their designated PCP is in a practice with other providers, they may obtain primary care professional services from any primary care professional in the practice, including a nurse practitioner or a physician assistant. If the designated PCP is going to be unavailable, the PCP may appoint a "covering provider" to see patients in their absence. The member may also receive primary care professional services from a covering provider. PCP referrals are required for specialist visits; some exceptions apply (e.g., OB/GYN, chiropractic, and certain other in-network provider visits). Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 17.



Ascend HSA 90%, 80%, HMO

	\$3,000 (90%)	\$5,000 (90%)	\$6,000 (90%)	\$3,000 (80%)	\$5,000 (80%)	\$6,000 (80%)
Calendar-Year Deductible	\$3,000/ member and \$6,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family	\$3,000/ member and \$6,000/ family	\$5,000/ member and \$10,000/ family	\$6,000/ member and \$12,000/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	10%	10%	10%	20%	20%	20%
Out-of-Pocket Maximum	\$5,500/ member and \$11,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family	\$5,500/ member and \$11,000/ family	\$7,000/ member and \$14,000/ family	\$7,000/ member and \$14,000/ family
Primary Care (PCP) Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
PCP Selection Required?	Yes	Yes	Yes	Yes	Yes	Yes
Specialist Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Referral Required to Visit Specialist?	Yes	Yes	Yes	Yes	Yes	Yes
Urgent Care Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge
Prescription Drugs	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Surgery (Inpatient/Outpatient)	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Emergency Room Visit	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Telehealth	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible	20% after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved. Except for emergencies and urgent care, member's must obtain primary care professional services from their designated PCP. If their designated PCP is in a practice with other providers, they may obtain primary care professional services from any primary care professional in the practice, including a nurse practitioner or a physician assistant. If the designated PCP is going to be unavailable, the PCP may appoint a "covering provider" to see patients in their absence. The member may also receive primary care professional services from a covering provider. PCP referrals are required for specialist visits; some exceptions apply (e.g., OB/GYN, chiropractic, and certain other in-network provider visits). All plans are subject to the exclusions and limitations on page 17.



Ascend HSA 70% HMO

	\$3,000 (70%)	\$5,000 (70%)	\$6,000 (70%)
Calendar-Year Deductible	\$3,000/member and \$6,000/family	\$5,000/member and \$10,000/family	\$6,000/member and \$12,000/family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	30%	30%	30%
Out-of-Pocket Maximum	\$5,500/member and \$11,000/family	\$7,000/member and \$14,000/family	\$7,000/member and \$14,000/family
Primary Care (PCP) Visit	30% after deductible	30% after deductible	30% after deductible
PCP Selection Required?	Yes	Yes	Yes
Specialist Visit	30% after deductible	30% after deductible	30% after deductible
Referral Required to Visit Specialist?	Yes	Yes	Yes
Urgent Care Visit	30% after deductible	30% after deductible	30% after deductible
Preventive Services	No charge	No charge	No charge
Prescription Drugs	30% after deductible	30% after deductible	30% after deductible
Surgery (Inpatient/Outpatient)	30% after deductible	30% after deductible	30% after deductible
Emergency Room Visit	30% after deductible	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible
Telehealth	30% after deductible	30% after deductible	30% after deductible

Cost-share amounts are for covered services by providers in the plan's network. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved. Except for emergencies and urgent care, member's must obtain primary care professional services from their designated PCP. If their designated PCP is in a practice with other providers, they may obtain primary care professional services from any primary care professional in the practice, including a nurse practitioner or a physician assistant. If the designated PCP is going to be unavailable, the PCP may appoint a "covering provider" to see patients in their absence. The member may also receive primary care professional services from a covering provider. PCP referrals are required for specialist visits; some exceptions apply (e.g., OB/GYN, chiropractic, and certain other in-network provider visits). All plans are subject to the exclusions and limitations on page 17.

A QUICK GUIDE TO UNDERSTANDING BCBSAZ BALANCED FUNDING

Agreements

Services BCBSAZ provides to help administer your plan must be supported by contracts. We will provide an Administrative Services Agreement and a stop-loss policy that will need to be signed by an authorized representative from your organization.

Claim Funding

Based on your enrollment, we estimate your expected claims and calculate your fixed monthly payment. Once your plan begins, we process and pay your employees' claims as they occur. Even though actual claims will vary from month to month, you pay the same fixed amount each month. You will never pay more than the fixed monthly payments for the duration of the contract year. (Note: Monthly payments may still change based on your employee census as employees or dependents are added or removed.)

Claims Administration

BCBSAZ will manage all claims administration for your medical plan. We will provide an agreement for you to sign authorizing BCBSAZ to process claims, billing, reporting, enrollment, membership changes, customer services, materials fulfillment, etc.

Contract Settlement

The surplus is paid after plan renewal as long as your organization retains a BCBSAZ balanced-funding plan or a major medical plan. In the event your plan does not incur the predetermined maximum claims liability, BCBSAZ will return 100% of the surplus less any reserve dollars. Settlement reconciliation will take place three months following the contract period end date. If your plan exceeds the maximum claims liability, no additional payments are required.

Emergency Services

For emergency services, members will pay their in-network cost share, even if services are received from out-of-network providers. Also, out-of-network providers can't balance bill for the difference between the allowed amount and the billed charge.

Medical Plan Designs

We offer a number of balanced-funding plan designs from which to choose. You will receive a benefit booklet that explains the plan benefits, exclusions, and limitations.

Self-Funding Arrangement

As an employer, when you choose to provide a self-funded medical plan, you are responsible for your employees' medical benefits directly. Your organization assumes the risk for the payment of claims filed with your plan. BCBSAZ's balanced-funding arrangement has been designed to limit risk and make plan administration easy.

Stop-Loss Insurance Policy

Stop-loss insurance protects your health plan from an unusually high claim, whether the claim is incurred by a single covered member (specific stop-loss) or total claims exceed the budgeted dollar amount (aggregate stop-loss). This ensures there's a limit on what you'll pay.

Our balanced-funding arrangement includes specific stop loss at \$30,000 and aggregate stop-loss of 110%. This coverage will be for a 12-month contract period plus an additional run-out period. The stop-loss insurance policy, included in your contract, outlines the coverage parameters of your balanced-funding arrangement.

EXCLUSIONS AND LIMITATIONS

PPO Excluded Services & Other Covered Services

Services our plans generally do NOT cover. (Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care, except as stated in plan
- Durable medical equipment (DME) rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Habilitation services, except certain autism services
- Hearing aids
- Home healthcare and infusion therapy exceeding 6 hours of care per member per day
- Homeopathic services
- Infertility medication and treatment
- Inpatient extended active rehabilitation facility (EAR) treatment exceeding 120 days per calendar year and inpatient skilled nursing facility (SNF) treatment exceeding 180 days per calendar year
- Long-term care, except long-term acute care up to a 365-day benefit plan maximum
- Massage therapy other than what is allowed under medical coverage guidelines
- Naturopathic services
- Out-of-network mail-order, out-of-network specialty, and out-of-network 90-day retail supplies of drugs
- Private-duty nursing
- Respite care, except as stated in plan
- Routine foot care
- Routine vision exams
- Sexual dysfunction treatment and services
- Weight-loss programs

Other covered services. (Limitations may apply to these services. This isn't a complete list. Please see our plan document.)

- Bariatric surgery
- Chiropractic care
- Non-emergency care when traveling outside the U.S..

HMO Excluded Services & Other Covered Services

Services our plans generally do NOT cover. (Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care, except as stated in plan
- DME rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Habilitation services, except certain autism services
- Hearing aids
- Home healthcare and infusion therapy exceeding 6 hours of care per member per day
- Homeopathic services
- Infertility medication and treatment
- Inpatient EAR treatment exceeding 120 days per calendar year and inpatient SNF treatment exceeding 180 days per calendar year
- Long-term care, except long-term acute care up to a 365-day benefit plan maximum
- Massage therapy other than what is allowed under medical coverage guidelines
- Naturopathic services
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Respite care, except as stated in plan
- Routine foot care
- Routine vision exams
- Services from providers outside the network, except in emergencies and other limited situations when use is preauthorized
- Sexual dysfunction treatment and services
- Weight-loss programs

Other covered services. (Limitations may apply to these services. This isn't a complete list. Please see our plan document.)

- Bariatric surgery
- Chiropractic care

THE MEMBER EXPERIENCE

The BCBSAZ Customer Service team is dedicated to providing members with solutions quickly and accurately.

Our concierge model of customer care delivers a one-and-done solution, which means customer service representatives handle benefit-related calls and inquiries about claims.

Claims and Customer Service

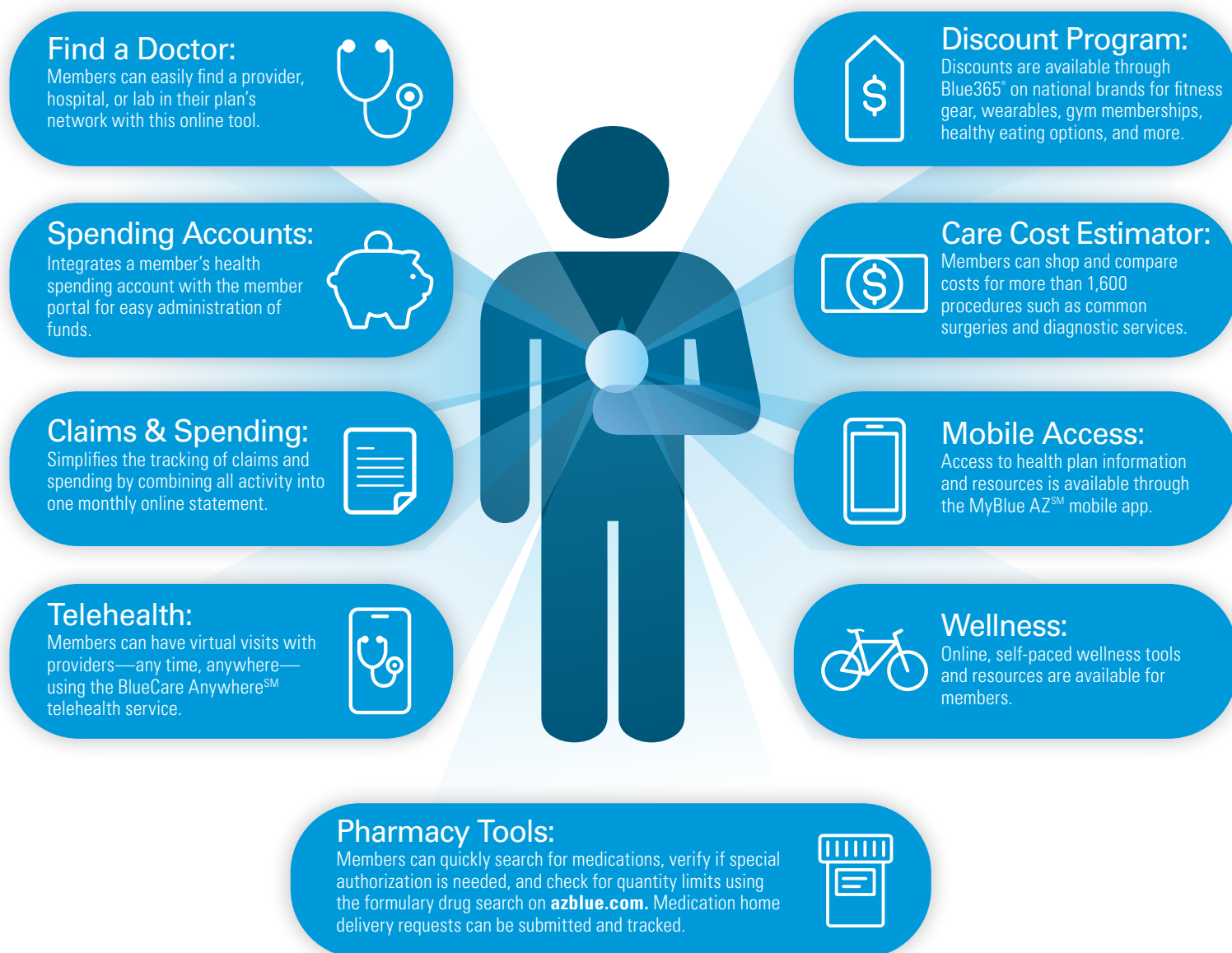
- Provide help navigating the healthcare system
- Have experienced staff with an average tenure of nine years¹
- Serve all members, regardless of resident state
- Are local, with Arizona-based call centers
- Offer direct access to qualified Spanish-speaking staff
- Provide assistance in over 140 languages (via translated services)



¹ BCBSAZ internal data, 2021

MEMBER ENGAGEMENT TOOLS AND RESOURCES

We have the tools and resources available for members to make educated decisions on their healthcare choices. Members can access all of the following by logging into the member website at **azblue.com/MyBlue**.



TELEHEALTH SERVICES



NURSE ON CALL

Members can connect with a nurse 24/7 to get answers to questions about symptoms they are experiencing, minor illnesses and injuries, medical tests, or preventive care, as well as suggestions for next steps based on their situation.¹



BLUECARE ANYWHERESM

With BlueCare Anywhere, members can connect to board-certified doctors by live video for urgent medical care, psychiatry, and counseling sessions. The BlueCare Anywhere telehealth service is available any day, any time—from a computer, tablet, or mobile device.



MEDICAL

Board-certified doctors provide immediate care for a range of common illnesses, aches, and pains, and can prescribe medication.



COUNSELING

Licensed psychologists or counselors are available to treat issues—such as mental health and substance use—that can affect emotional, psychological, and social well-being. By appointment only.



PSYCHIATRY

Board-certified psychiatrists are available for assessments, evaluation, treatment, and can prescribe medication. By appointment only.

Download the [BlueCare Anywhere](#) mobile app² or visit **[BlueCareAnywhereAZ.com](#)**.

Call 911 in an emergency.

¹ BCBSAZ members should always consult with their healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice, opinion, or recommendation of a healthcare provider.

² Your wireless plan's phone and data rates may apply. Search for "MyBlue AZ" and "BlueCare Anywhere" in the Google PlayTM or Apple[®] App Store[®] online marketplaces. Apple and App Store are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google Inc.



BCBSAZ has partnered with Sharecare® to bring employers a truly differentiated digital health and wellness experience. Our members can expect immediacy, simplicity, and relevancy in a mobile app, while employers will find tools that drive sustained employee engagement to improve health outcomes and control rising costs at azblue.sharecare.com.



REALAGE TEST

Sharecare's next-generation health assessment evaluates a variety of behaviors and existing conditions to calculate the body's true age. For users, this is their first step toward optimizing their health. They are armed with information about how lifestyle choices can help them stay younger—or age faster—than their chronological age. After completing the RealAge® test, members will be able to manage their health profile, get personalized recommendations, and receive expert guidance to stay supported and motivated.



ENGAGEMENT REWARDS

Included at no additional cost, employees will receive a \$25 Visa® e-gift card after they take their RealAge test! The e-gift card is automatically sent to the email address used to sign up for Sharecare within 48 hours of RealAge test completion. This gives your employees the option to spend their reward wherever they prefer, and there are no expiration dates. The gift card is available exclusively to your employees, not to spouses or dependents.



REALAGE PROGRAM

Upon completion of the RealAge test, users can begin participating in Sharecare's RealAge program, a healthy behavior program targeting the highest lifestyle risks—stress, sleep, nutrition, and activity. The program is personalized to the individual based on risk level for each lifestyle category gathered through RealAge test responses and personal interest. It's fully integrated with other features of Sharecare, such as Trackers, to drive sustained engagement and promote behavior change that can lead to a lower RealAge.

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CARE MANAGEMENT

BCBSAZ's programs support the patient/provider relationship and enhance the overall healthcare experience for our members. When we help members better manage their health, they can more effectively manage their daily activities, be more productive at work, and reduce their (and your) healthcare costs.

Members can take advantage of the following programs:



HEALTH CONDITION MANAGEMENT

Members with conditions like diabetes, congestive heart failure, asthma, COPD, coronary artery disease, behavioral health, or hypertension can get extra help. Care managers work with members to understand their health needs, help coordinate care, find health resources, and provide guidance for managing their condition.



HOSPITAL TO HOME

When members are transitioning home from a critical care hospital stay, we help ensure that they're getting the care, medications, and equipment they need to reduce preventable hospital readmissions. We will assess the need for home healthcare services, if not already in place, and help them find providers that are in their network, if needed.



WE'RE HERE TO HELP

Our team is here to help you find the right health plans for your needs. Reach us at any of the following locations, or visit [azblue.com](https://www.azblue.com) for more details on our products and services.

PHOENIX

602-864-5792

1-800-232-2345, ext. 5792

FAX 602-864-5800

TUCSON

520-745-1615

1-800-621-5563

FAX 1-866-772-2020

FLAGSTAFF

928-526-7226

1-800-601-1946

FAX 1-866-550-3300

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OUR OTHER OPTIONS FOR YOUR BUSINESS,
VISIT azblue.com OR CALL US.

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