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 <u>uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations</u>

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.

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 <u>azblue.com/individualsandfamilies/resources/forms</u>. 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.

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

Nondiscrimination Statement

BCBSAZ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to enable people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'á doo bááh ílínígóó. Ata' halne'ígíí kojí' bich'i' hodíilnih 877-475-4799.

Chinese: 如果您,或是您正在協助的對象,有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة للتحدث مع مترجم اتصل ب 479-475-877.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問が ございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はか かりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 479-475-877 تماس حاصل نمایید.

Assyrian:

ى، ئېسەن، نې ئې قۇيوقە دۇبمۇدوس تىمەن، دېمگەمەن قوقۇد قوم Blue Cross Blue Shield of Arizona؛ ئېسەن، دېمگەمەن ۋەقۇد دۇمدىدەن، ۋېدۇد ئەسەن، ئېرىدۇد ئىرىدۇد ئېرىدۇد ئېر

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกาลังช่วยเหลือมีค่าถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 877-475-4799

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