

Benefit Plan Changes



BluePreferred HSA Plus

The following changes will apply on renewal dates on or after January 1, 2024:

COST SHARE

Cost-share amounts for the BluePreferred HSA Plus plans shown below are for covered services by providers in the plan's network.

BluePreferred HSA Plus	Deductible Individual/Family		Out-of-Pocket Maximum Individual/Family	
	2023	2024	2023	2024
BluePreferred HSA Plus \$1,500 90%	\$1,500 / \$3,000	\$1,600 / \$3,200	---	---
BluePreferred HSA Plus \$3,000 100%	\$3,000 / \$6,000	\$3,200 / \$6,400	\$3,000 / \$6,000	\$3,200 / \$6,400
BluePreferred HSA Plus \$3,000 90%	\$3,000 / \$6,000	\$3,200 / \$6,400	---	---
BluePreferred HSA Plus \$3,000 80%	\$3,000 / \$6,000	\$3,200 / \$6,400	---	---
BluePreferred HSA Plus \$3,000 70%	\$3,000 / \$6,000	\$3,200 / \$6,400	---	---

PREVENTIVE SERVICES

Federal law often requires changes to the list of preventive services and medications covered under this benefit plan. Information on covered preventive services will be in the Preventive Services section of the benefit plan booklet (your Base Benefit Book). Note that covered preventive services may change at any time. If you have questions about your plan's covered preventive services, you can download your Base Benefit Book from your MyBlueSM account at azblue.com/myblue:

- Log in to your MyBlueSM account
- Select the My Benefits drop down menu
- Click "Plan Benefits"
- Under "Document," look for the file called "Benefit Book"

For information about preventive drugs covered under this benefit plan, visit azblue.com/pharmacy.