

Rider to Modify Blue Cross® Blue Shield® of Arizona BluePortfolio and BluePreferred® Saver Individual Benefit Books

This rider modifies your 2026 individual Benefit Book effective on October 1, 2026. The section headings in this rider correspond to the section headings in your Benefit Book.

I. DEFINITIONS

- A. The first paragraph of the “**Allowed Amount**” definition is deleted and replaced with:

“**Allowed Amount**” means the total amount of reimbursement allocated to a covered Service and includes both the AZ Blue payment and the Member Cost-share payment. AZ Blue calculates deductible and Coinsurance based on the Allowed Amount, less any access fees or Prior Authorization Charges. AZ Blue uses the Allowed Amount to accumulate toward any Out-of-Pocket Maximum that applies to the member’s Benefit Plan. The Allowed Amount does not include any balance bills from noncontracted Providers. The Allowed Amount is neither tied to, nor necessarily reflective of, the amounts Providers in any given area usually charge for their services. The table below shows how AZ Blue determines the Allowed Amount.

- B. The “**Cost Share**” definition is deleted and replaced with:

“**Cost Share**” means the member’s financial obligation for a covered Service. Depending on the plan type, Cost Share may include one or more of the following: deductible, Access Fee, Coinsurance, Prior Authorization Charges, and balance bills.

- C. The “**Prior Authorization**” definition is deleted and replaced with:

“**Prior Authorization**” is a review done by AZ Blue to approve a Service, treatment plan, doctor visit, or medication before you make the appointment or fill the prescription. Some services and medications require this review in order for the Service or medication to be covered under your plan.

II. MEMBER COST SHARING

- A. Under the “**Coinsurance**” subheading, the entire paragraph is deleted and replaced with:

Coinsurance is a percentage of the Allowed Amount that you pay for out-of-network Covered Services after meeting any applicable deductible. AZ Blue subtracts any applicable access fees or Prior Authorization Charges from the Allowed Amount before calculating Coinsurance. AZ Blue normally calculates Coinsurance based on the Allowed Amount. There is one exception. If a hospital provider’s Billed Charges are less than the hospital’s DRG reimbursement, AZ Blue will calculate your Coinsurance based on the lesser billed charge.

- B. Under the “**Out-of-Pocket Maximum (Individual and Family)**” subheading, insert as the fourth bullet:

- Any charges for lack of Prior Authorization

- C. Insert the following subheading and paragraph at the end of the “**Member Cost Sharing**” section:

Prior Authorization Charges

If your out-of-network Provider does not obtain Prior Authorization from AZ Blue for a Service that requires it, you may be required to pay a Prior Authorization charge, or the Service may not be covered. Applicable Prior Authorization Charges are shown on your SBC. Amounts applied as Prior Authorization Charges do not count toward the Calendar-year Deductible or Out-of-Pocket Maximum.

III. PRIOR AUTHORIZATION

- A. Under the subheading “**When is Prior Authorization Required,**” the first paragraph is deleted and replaced with:

Not all services or medications require Prior Authorization. Prior Authorization is not required for Emergency Services or Urgent Care services. If it is required, your treating Provider must obtain it on your behalf before rendering services. If Prior Authorization is not obtained for medications that require it, the medications will not be covered. Prior Authorization may be required for services to be covered when provided in certain settings.

IV. WHAT IS NOT COVERED

A. Delete the following statement:

Services that require Prior Authorization, but Prior Authorization was not obtained

A handwritten signature in black ink, appearing to read "Pam Kehaly", with a large circular flourish at the end.

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 yánnítí'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áa'áa'jik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áa'áa'kodaa't'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áa'áa'jik'eh hóló. Kohj'í 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: 한국어 를 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: 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。